FTC - The Dangers of “Gender-Affirming Care” for Minors

[>>] Good morning, everyone. Let's go ahead and have a seat, if we can. Folks, we are going to get our program started in a minute, if everybody could have a seat. Good morning, and welcome to the Federal Trade Commission's workshop, The Care” for Minors. I Dangers of “Gender-Affirming am a senior policy advisor in the chairman's office. We have an incredible program for you today with 33 guest speakers, Plus Chairman Ferguson. Our approach to this workshop is simple. We want to hear from a wide variety of people all over the political spectrum about this issue. Our speakers today include medical ethicists, physicians, whistleblowers, parents, and survivors.

We have republicans, democrats, conservatives, progressives, even feminists who are concerned about a prophet-seeking industry pushing to medicalize and in some cases sterilize gender dysphoric miners at younger and younger ages. Before we get started today with our substantive program, I need to go over some administrative details. Please silence any mobile phones or other electronic devices. If you must use them during the workshop, please be respectful of the speakers and your fellow audience members. Please be aware that if you leave the building for any reason during the workshop, you will have to go back through security screening again.

Please bear this in mind and plan ahead, especially if you are participating on a panel, so we can do our best to remain on schedule. Most of you received a lanyard with a plastic security badge. We reuse these for multiple events, so when you leave for the day please return your badge to security, and we will also have folks collecting them where the event. If an emergency occurs that requires you to leave the center but remain in the building, follow the instructions provided over the building PA system. If we are required to evacuate, an alarm will sound.

We will exit in an orderly manner and we'll have further instructions once outside. If you notice any suspicious activity, see something, say something. Please alert staff and building security. Restrooms are located in the hallway just outside of the auditorium. Coffee will be provided throughout the day, and lunch will be served at approximately 12:30 PM outside of the ballrooms. Please do not bring food or drinks into the auditorium. Only water is allowed. Please be respectful of the speakers and panelists and refrain from interrupting the program. Anyone disrupting the event will be removed by security. Please be advised that this event may be photographed, webcast, or recorded.

By participating, you are agreeing that your image or anything that you say or submit maybe posted indefinitely. All right, so let's get started with the program. Please welcome to the stage the chairman of the Federal Trade Commission, Andrew Ferguson.

[Applause]

[Andrew Ferguson] Good morning, and welcome to the Federal Trade Commission. Thank you all for being here, and thank you for that introduction. Just over a year ago, the New York Times reported that the biden administration had pressured the world administration for transgender health to remove age-minimum requirements for cross sex hormones and other sex change surgeries from their forthcoming guidelines on the care of transgender youth. Why did the biden administration object to age minimum

requirements? According to emails provided to the New York Times and the state of Alabama, out the administration worried that requiring age minimum requirements in the guidelines would result in -- the concern was not that age minimum requirements were not unscientific administration's or unhelpful to doctors . They worried that age minimum requirements gave too much ammunition to critics of gender-affirming care. The Biden administration didn't care about the parents and kids who might have relied on those requirements when deciding whether to consent to expensive hormone treatments and sex change surgeries. They didn't care about the parents and kids who might have been spared a lifetime of pain and regret if their doctors, therapists, and surgeons had observed those requirements. They cared about politics. They didn't care about people.

Today, by contrast, is not about politics. It is about the parents and kids the Biden administration chose to ignore. It is about our nation's children who stand most in need of our love, protection, and support. It is about their parents whose selfless and fruitful love is the foundation of our nation and of every nation. It is about caring for the most vulnerable among us and protecting them from manipulation, deception, and abuse. It is about healing the wounds that proponents of gender-affirming care may have inflicted on our nation's children and parents and preventing the potential for future harm.

Today is about people, not politics. I want to focus on some of the courageous young people we have with us today. While each person's story is unique, and you will hear from them, they do share some features in common. I want to highlight those features because they speak to recurring patterns of potential deception in gender-affirming care. As chairman of the Federal Trade Commission, congress has entrusted me with protecting citizens from deceptive acts and practices, and one of the reasons we are here today is to examine whether some of the practices in gender-affirming care are deceptive and require greater scrutiny by the FTC.

Let's start with -- she was a victim of sexual assault. At age 16, she suffered depression, excessive compulsive disorder, and anorexia. After concerning episode of self-harm, a pediatrician recommended she addressed her eating disorder. After a brief consultation, the pediatrician concluded that she was actually a boy and recommended a therapist specializing in transgender care. She recalls that the therapist pressured -- assured Prisha that she could cure her obsessive compulsive disorder and anorexia by making her body more masculine with testosterone injections. She secured a letter from a mental health counselor stating that the surgical removal of her breasts was a clinical necessity.

One month later, Prisha's breasts were removed. What had begun 2 years earlier as a referral to a pediatrician for treatment of anorexia ended on a surgeon's table and the removal of her breasts. Claire Abernathy will describe her similar experience. After experiencing A traumatic sexual assault, she began identifying as a boy when she was 11 years old. A year later, she met with a therapist who specialized in transgender care. Claire explains that this therapist recommended that she realized her male identity through hormone injections and a sex change surgeries. Although her mother was not confident in this diagnosis, she was told that affirming her identity as a boy was necessary to prevent Claire from committing suicide.

The takeaway for Claire's mother was clear. The only way to heal Claire, the therapist explained, was to take the chemical and surgical steps necessary to make her body more masculine. So it happened that in the summer following her 8th grade graduation, Claire's breasts were removed. Soren Aldaco -- four years later, she had a severe mental health breakdown that required hospitalization. There she met a psychiatrist who she recalls told her that transitioning to become a boy was a medically legitimate form of

treatment for mental health challenges. After a short appointment, Soren was prescribed testosterone. After a year of testosterone, social isolation brought on by lockdowns COVID and a difficult breakup, she decided she wanted to remove her breasts.

She still got a letter recommending the surgical removal of her breasts. $25,000 later, her breasts were removed. These are not stories of liberation but of desperation. After years of intense mental health struggles, these girls and their parents were looking for any path that might lead them to genuine healing. And they encountered physicians, therapists, and surgeons who purported to provide them with one. Their pitch was simple -- children's problems were not due to the trauma of sexual assault, depression, or anorexia. The real problem was they were boys trapped in girls' bodies, taking chemical and surgical steps necessary to look more like a boy would relieve their symptoms.

But they weren't cured. Indeed, their mental health continuously declined over the course of their treatment. By the time they realized that their medical transition had not solved their mental health issues, permanent and irreversible changes had been made to their bodies. They say they were never informed that testosterone injections would affect permanent changes in their voices, faces, hormone levels, and their fertility. Far from making them whole, this gender-affirming care left, quote, "broken," with extreme physical injuries, and without their body parts. Unfortunately, these stories are common. The path to puberty blockers, hormone injections, and sex-change surgery often begins with a young person struggling with various mental health issues who recently underwent a personal crisis.

At a loss for how to help their child, helpless parents seek the advice of medical specialists who believe they will provide objective, evidence-based guidance. After a brief meeting with the child, these specialists may proclaim that his or her problems can be solved by undergoing a medical transition. Parents are told they should affirm their children's identity lest they put their child at a greater risk of suicide. Parents are thus confronted with a terrifying choice -- either consent to gender-affirming care or their child may die. As the most public champions of these therapies exclaimed more than a decade ago, quote, we often ask parents, would you rather have a dead son than a live daughter?

End quote. Confronted with this terrifying choice, parents sometimes are told that puberty blockers will give their child time to think and make an informed decision about transitioning. What parents often aren't told, however, is that puberty blockers don't delay puberty. They suppress it entirely. And that most children on puberty blockers move on to sex hormone injections. In such cases, puberty blockers do not buy a child or his parents time to think. They are a gateway drug to a lifetime of expensive hormone injections and sex-change surgeries. The stories we will hear today paint a troubling picture. Lured by the promise of a failsafe cure for their mental health problems and kept in the dark about a permanent and irreversible effects of medical transitioning, these young people and their parents say they were coaxed to open their minds, their hearts, and their wallets their miraculous healing powers of puberty blockers, hormone injections, and sex-change surgeries.

There's only one problem. It isn't true. And that isn't me saying it. That is a quote from the Atlantic, written by the same reporter who previously accused the Trump administration of carrying out a nasty campaign on this issue. Europeans have a few decades of empirical experience to offer us on this. A 2024 report on gender identity services commissioned by the UK's national health service found no evidence to support the claim that puberty blockers improved a child's body image or gender dysphoria, no evidence to support the claim that gender affirming treatment or sex hormone injections reduce a child's risk of

suicide, and no evidence to support the claim that social transition in children led to positive mental health outcomes.

Most importantly, the report did not find sufficient evidence to support the claim that gender- affirming care, puberty blockers, or sex hormone injections had a positive effect on the psychological well being of patients. The report criticized many of the most popular clinical guidelines for recommending medical transition, in spite of insufficient evidence about the risks and benefits of medical treatment in adolescence, particularly in relation to long-term outcomes. More specifically call out the report notes that the most influential clinical guideline overstates the strength of evidence in recommending medical transition for children. The shocking disjunction between the science behind these treatments and the claims made about them is hardly limited to Europe.

Just last year, the New York Times ran a lengthy expose about how one of the leading advocates for these treatments refused to publish the results of a nearly 10 year study that suggested that, quote, puberty blockers do not lead to mental health improvements in child diagnosed with dysphoria, end quote. She refused to publish the studies of her results because she worried they might provide support to state governments who are regulating this care. You heard me right. She refused to publish the results of her scientific study because of her politics. This disjunction played out before the supreme court of The United States.

In oral arguments, the Biden administration's solicitor general attack gender affirming care for children because it failed to, quote, take into account the significant health benefits that can come from providing gender- affirming care, including reduced suicidal ideation and suicide attempts, end quote. But just a few minutes later, the lawyer representing the private plaintiffs attacking the law made a shocking admission in Response to Justice Alito's question. Quote, there is no evidence in the studies that this treatment reduces completed suicide, and quote. This had been the whole premise behind the push for gender-affirming care, a choice between hormones and sex change surgery or suicide.

But there is no evidence to support that premise. Indeed, the state of Alabama's brief filed in the same case revealed in gruesome details the length to which the Biden administration went to deny this reality for fear of political consequences. Now, why does this matter to the Federal Trade Commission? As chairman, I'm not charged with passing moral judgment on anyone's ideology, lifestyle, or medical choices. I am charged, however, with protecting my fellow citizens from unfair or deceptive trade practices. Experience has taught us that the more vulnerable the population, the more likely they are to be targeted with deception.

For example, people who suffer from chronic or terminal diseases are more prone to be deceived by healthcare scams, taking advantage of their desperation, modern snake oil salesman promised them the moon, and affordable and scientifically proven cure that will succeed we're all conventional medical treatments have failed. Of course, the cure is not scientifically proven to be effective. The salesman just presents it as if it were. The statutory mandate is to protect vulnerable people from deceptive claims about health and cures. Now, I have heard it argued that the commission ought not to address today's topic at all because the commission does not regulate the practice of medicine and because the topic is politically controversial.

Both arguments are categorically wrong, and I reject them. First, the FTC is the federal government's guardian against false and deceptive health claims. We have brought dozens of enforcement actions against false and misleading health claims from snake oil salesman to powerful pharmaceutical

companies. We have one actions against individuals selling everyday herbs and spices as cures to cancer, organizations overstating the effectiveness of their products in preventing COVID-19, and medical centers making unsubstantiated claims about their efficacy in treating chronic diseases. Time and time again, we have enforced the FTC act against businesses and individuals who have made claims about their health products and services that were not backed by scientific evidence.

Just last year, we won a judgment against a company that, quote, tricked people who needed real help into buying expensive and unproven stem cell therapy, end quote. This was a deceptive medical cure aimed at vulnerable people, the elderly, and the disabled. We won another judgment against the makers of a popular supplement who made claims about the mental health effects of the supplement, quote, without competent and scientific evidence, and quote. It is taken directly from the district court judgment in that case. The Biden administration's consumer chief protection enforcer publicly warned after the victory that, quote, company should take note and remember that health claims need to be backed up by reliable scientific evidence, end quote.

I agree. The Biden administration FTC also put out 40 pages of guidance on what the FTC requires for making health claims, all claims about medical products and cures, and that claims that consumers cannot easily assess on their own must meet an incredibly high standard of scientific substantiation. The issue we addressed today is no different than the health claims we have addressed for many decades.

Second, I acknowledge that many people feel passionately about this issue. But if a medical claim is false or misleading, it is the commission's sworn duty to protect American citizens from that claim, no differently than it would for any other false or misleading claim.

Refusing to investigate these health claims and the potential consumer harm to parents and children merely because one political party supports those claims as a matter of its ideology would be the politicized choice. That is why we are here today, to ensure that parents and children seeking professional help in a period of intense distress do not make potentially life-altering choices under a veil of deception, misinformed about the risks and benefits of gender-affirming care. We are not here to pass judgment on anyone. We are here to ensure that those who make claims about gender-affirming care are held to the same standard we apply to everyone else who engages in commerce.

We are here to ensure that everyone can make an informed choice about their own path to healing without fear of being deceived by those who stand to profit from certain medical interventions.

Considering our common goal today, I want to outline briefly the FTC's perspective on what counts as a deceptive trade act or practice. For an act or practice to be deceptive, it must satisfy 3 elements. First, the act or practice must be likely to mislead the consumer, and this can be done either through commission, for example, making a false or misleading claim, or through omission, for example, failing to disclose certain information that would prevent a claim from being misleading to the reasonable consumer.

Second, the actor practice must be likely to mislead a reasonable consumer acting in similar circumstances. In the case of acts or practices that target specific groups, for example children or vulnerable parents, the test is whether the ACT is likely to mislead a reasonable member of that specific population. Third, the act or practice must be material to the consumer's decision to purchase the service. For example, if a child or his or her parents would not have chosen puberty blockers had they been aware of their risks associated with those drugs, the omission of this fact by medical practitioners may be considered material.

The purpose of today's workshop, then, is clear. The FTC must understand what sorts of claims are being made about these treatments, what sort of science supports them, what the risks associated with those treatments are, and whether vulnerable populations may have been subject to deception in the administration of these treatments. They are the same sorts of questions we would ask about any health claim, no matter how politically charged. Americans have a right to health claim substantiated by reliable scientific evidence. They have a right to be informed about information that would be material to their decision to accept hormone therapies or sex change surgeries.

The FTC's mandate is to protect those rights in this context as it does in every other healthcare context. While not everyone who undergoes gender-affirming care will necessarily experience the same painful loss and regret that -- have experienced, every young boy and girl, every concerned parent and guardian, has the right to be informed of all of the material information about the risks of these procedures. I promise that our agency will do everything in its power to achieve that end. Finally, a brief note on what comes next. Following the conclusion of today's workshop, the commission will issue a public request for information on the various topics that we are discussing today.

We will issue it sometime next week after we have had time to digest everything we learned today and can tailor our request for information based on what we learn. The public will have 60 days to respond to that request, and I encourage every single person here to submit a response. We will also provide a mechanism for individual members of the public to submit information they wish the commission to keep confidential. Thank you very much for your attention, and I look forward to today's conversations.

[Applause] So next we have a panel of parents and survivors of these treatments that I will moderate for about 1/2 hour. While they are coming up there -- and I will briefly introduce them -- but really the goal of this panel is to let them tell you and the American people their stories. I want to give a quick word of thanks to a policy advisor in my office who put together today's workshop. He has worked on these issues sometimes quietly and subject to great criticism. Before we brought him on to the commission. He has been a tireless advocate for people who have suffered in this industry, and we could not have put on today's event without John.

John, thank you. I am going to briefly introduce the panel before we begin. We are joined by Simon Amaya Price and his father Gareth, Claire Abernathy, of Whom I talked in the speech, Elvira Syed, and Kayla Lovdahl. OK, so I don't think anyone here wants to hear from me anymore. What I would like to do is go down the panel, and we will start here with you, Simon. Tell us your story about your experience with gender-affirming care. And once we have heard from each of you about your experiences, both as patients and as parents, I am going to then ask, what do you wish you had been told early on in the process, before treatment began?

Why don't we start, Simon, with you in your story?

[Simon Amaya Price] First of all, I want to thank you for that amazing presentation. I think that was very balanced, a political, and very great. Thank you for inviting us. Thank you for everybody who is here in the room and everybody at home who is watching either live or after the fact. As mentioned, my name is Simon Amaya Price. I wrote something ahead of time, and then I didn't like it, and I wrote another thing, and I didn't like that, either. I'm just going to speak from the heart here. When I was 14 years old, I was going through a really tough time.

I was at a new high school, and I had been ostracized by a group of friends. And shortly after, I was sexually assaulted by an older boy at my high school. After this, I sought out a therapist at Boston

Children's Hospital. With a combination of what I had been exposed to in school and my conversations with my therapist and obsessive googling, as any kid in my situation would do, I concluded that I was transgender, that I was really a girl inside. I told my therapist this, and she immediately affirmed me. She said that I am so brave.

She told me not only that I am brave, but at the same time that she had given instructions to my father to count all of the knives in the drawer because I was at risk of self harm, she encouraged me to go behind my parents backs to attend transgender support groups. I was referred to the gender clinic by her, my psychopharmacologist, and my pediatrician. Around my 15th birthday, I remember meeting with my pediatrician, sharing with him my transgender identity and my gender dysphoria diagnosis. I told him that my dad was refusing to take me to the gender clinic.

The pediatrician then asked my dad in front of me, would you like a dead son or a living daughter? This isn't just a line used by activists. This is a line used in healthcare settings by the doctors that your kids are seeing in your communities all across this country. I am one of the lucky ones. I only socially transitioned. I only lost a couple of years of my life. I didn't lose any body parts. I thank god every day, whether or not he exists, that I am whole, and I am here today. I was lied to by the medical professionals I was supposed to trust, the same medical professionals who gave me antibiotics when I had strep.

I was told that changing my name, by pronouns, socially transitioning, taking cross-sex hormones, undergoing surgeries would fix me. That was all a lie, and I am here telling you that today. If I were there again, I really wish that my doctors would have asked me about any history of sexual assault. Maybe if they would have talked about the two years of homophobic bullying I endured in 7th and 8th grade where kids threatened to kill me and call me the F slur on a near daily basis, that would have helped, instead of telling me I was really a girl inside and reaffirming my delusions.

I wish they told me that I was born in the right body, that I am perfect just the way I was, because nobody told me that, nobody I paid attention to, at least. I wanted to put that in there for you, dad. And I am lucky. And look, I could have gotten hormones when I was 16, but COVID happened, and I was out in Western Massachusetts for college. My dad worked as a statistician at Raytheon, so an expert in evaluating methodology and statistical relevance. He read up on all of the science. He is the only reason I am here in front of you today, full, in one piece, unharmed.

Please give him a round of applause.

[Applause] We can not expect every parent to be a trained statistician, and that is why we are here today. What else do you want to know?

[Andrew Ferguson] That was great. Thank you. Thank you for speaking from the heart. And Gareth, tell us what this is like as a parent.

[Gareth Amaya Price] I'm going to stick to my prepared remarks. Hello. I am the father of a 21 year old man. He was born male 21 years ago, and he has been male every day since, even when he and medical professionals told me he wasn't anymore. They were wrong, and the proof is right next to me. In the spring of 2019 when my son was 14 in the ninth grade, he began seeing a therapist and psychopharmacologist at Boston Children's Hospital because he was in great distress. Our son had already told my wife and me that he believed he was really a girl inside, after which I embarked on weeks of research about the nature and social manifestation of trans ideation in adolescence, all of which validated my instinctive response that was delusional.

Our son did not always have a happy childhood, in part because of the confusion caused by undiagnosed autism, and puberty was traumatic for him. He cried if a gas station closed. His own body changing upset him profoundly. He was a target of bullying, both by boys physically and by girls socially. The boys threatened him and called him homophobic slurs, and the girls shunned him, mostly for not acting like they thought a boy was supposed to. The psychiatrists and psychopharmacologists were supposed to be treating him for anxiety and depression, but when he told them both he believed he was really a girl in a boy's body, they repeatedly suggested to me that I should take him to Boston Children's Gender Center. I deflected these suggestions and encouraged them to refocus on his anxiety and depression. I already knew then what is public knowledge now, that they universally agreed kids were the wrong gender and only gave a cursory assessment before recommending medical intervention. The psychiatrist did not like it that I did not take my son . I felt like I had to walk on egg shells to avoid her recommending to child services that my son should be taken away from our family by She CPS. had already suggested that he be put in an inpatient facility. I believe that his anxiety and depression, his trans ideation was caused by his anxiety and depression, not vice versa, and that concretizing this delusion through medicalization was a terrible idea.

I was right. But I had to keep quiet. At the same time that I was instructed to keep our son under close watch for self harm, the psychiatrist at Boston Children's was telling him behind my back to sneak away from home and go to a transgender support group. I was counting knives in the drawers and checking on him every half hour, and she was telling him to lie to me and escape my supervision. That June, at his annual pediatric visit, my son told his doctor, who had known us for several years, that he was really a girl inside.

The doctor immediately agreed and offered to refer him to GeMS. I told the doctor I thought that was absurd, as I had known the boy his entire life, and that transgenderism was a phase he would get over, a temporary result of his adolescent misery. I knew then that research supported my view, and now hindsight does, too. The pediatrician told me he sent every kid who said he was transgender to GeMS. When I told the pediatrician I didn't intend to take him, he asked me, in front of my son, whether I would like a dead son or a living daughter.

That was emotional blackmail. And in my opinion, malpractice. I chewed the pediatrician out thoroughly for that abuse, and we never saw him again. He quit the practice.

[Applause] I think he should have quit the profession, but he just moved one town over and manages a practice there now. I shudder to think how many kids he has medicalized by now. Later that spring, the Boston Children's psychiatrist and psychopharmacologist refused to keep treating my son and referred us to a private pay facility. I can't say the name of that facility because they did a good job of treating his anxiety and depression, and treating a child with transgender ideation in any other way than so-called affirmation therapy is illegal in Massachusetts. As I suggested to the several medical professionals who tried to get me to chemically castrate my son.

He eventually outgrew the idea that he was really female on the inside and reconciled himself with his sex. Here he is today, happy and healthy man.

[Applause]

[Andrew Ferguson] Claire, tell us your story.

[Claire Abernathy] Hi, friends. 1st I want to -- a little disclaimer that I wear my heart on my sleeve, so don't mind my voice shaking when I speak. I want to thank the inviting Federal me Trade to Commission speak

for today. I'm grateful for the chance to share my story because I believe that what happened to me and what is still happening to so many others is an urgent matter of consumer protection and fraud. My name is Claire, and I am AD -- a detransitioner. I was put on testosterone by a doctor in Dallas, Texas.
Six months later, a doctor with the American institute for plastic surgery performed a double mastectomy on me . I was too young -- sorry. I was too young to get a I tattoo. was too young to drive. I hadn't even learned -- thank you. I hadn't even learned algebra in high school yet, I was old enough to choose to have healthy parts of my body electively amputated. I was sold a product, medical transition, by professionals and institutions who told me that it would fix my distress and save my life. I was told that if I didn't do this, I would probably end up dead.
But here is what they didn't tell me. They didn't tell me that taking cross-sex hormones and undergoing major surgery at 14 years old could leave me with pelvic floor dysfunction and urinary incontinence, problems I have to manage now as a young adult. I'm only 20 years old. They didn't tell me that these complications are common enough to be known risks, and yet they were hidden from me at an age where I didn't even understand what these terms meant, let alone the impact they would have on my daily life.
And it doesn't stop there. When I tried to warn others by leaving honest reviews on my surgeons' websites describing my regret, the complications, the lack of real informed consent, my reviews were deleted.
Think about that. A surgeon permanently altered my healthy body when I was a middle school student and then erased my negative feedback to protect his reputation. If that doesn't sound like fraud, I don't know what does. In any other context, selling a medical product in this way with half truths and hidden side effects would be considered fraud. If a pharmaceutical company pushed a drug on children without disclosing the lifelong damage it can cause, they would be sued out of existence. If a cosmetic surgeon buried evidence of complications, they would be shut down. But when it comes to gender medicine, it is not just allowed.
It is celebrated. And anyone who asks questions is called hateful. Every week, I hear from more young men and women like me, people who were convinced as kids or as teenagers that the only way to survive was to become a lifelong medical patient. We now live with the irreversible consequences, the scars, the side effects, pain, and grief. And we watch helplessly as the same professionals and clinics keep selling the same product to connect generation of vulnerable kids while silencing those of us who speak out. Let me be clear. It is not in my wheelhouse to say that no one should ever transition.
I am here to say that when you sell a product, especially one that removes healthy body parts and alters your life forever, the consumer deserves the whole truth. They deserve honest disclosure of all of their risks, possible outcomes, like regret, and alternative treatment options. They deserve their right to share their negative experiences without being censored. At 14, I trusted the adults who were supposed to protect me. Instead, they sold me a dream that turned out to be a nightmare. That is not health care. It is blatant consumer fraud. I want to thank the FTC and those in the audience, again, for giving people like me a seat at the table.
Please hold these providers and pharmaceutical companies to the same standards as any other industry. We need real informed consent. We need oversight. And we need to make sure that no more kids are sold a product they can't return. Thank you for listening.
[Applause]
[Andrew Ferguson] Thank you for your tremendous courage, Claire. Elvira, let's hear from you.

[Elvira Syed] Good morning, everyone. First, I want to thank FTC for having me here and giving me this opportunity to share the tragic story of our family. My name is Elvira Syed, and I lost my -- I'm sorry. I lost my 18 year old daughter To gender ideology and to a system that failed her at every step. Eileen was exceptional . Despite being on the autism spectrum, she spoke 4 languages, played five instruments, held two black belts in martial arts, and earned a full tuition scholarship. But behind all of those accomplishments was a young woman silently battling anxiety, depression, trauma, and self harm, especially after losing her father to cancer at age 12.

During the pandemic, like many other kids, she spent too much time online, and after cycling through several LGBTQ labels, she finally declared she was transgender. In college, she began seeing a therapist who immediately affirmed her identity, no questions asked and no effort to understand her mental health, new curiosity about why this identity emerged so suddenly. When she got to campus, things got worse. She cut me off, and at the age of 17, at that point, she was introduced to a transgender pastor from a church in Hartford, someone who barely knew her, but filed A complaint against me.

Why? Because I refuse to accept my son's identity. The goal was to remove me so the state could step in and give Eileen all the care she supposedly needed. From that moment, I lost any access to my daughter. I would like to thank -- for taking a deeper investigation and finding out that that pastor who filed that complaint against me was providing free binders to minors behind their parents' back. In January 2024, Eileen began therapy at the Pride Center. The therapist there, a transgender man, also affirmed her. And I have to wonder, was this therapist affirming her solely because that is what modern guidelines encourage, or was it also because of her own subjective viewpoint, her personal identity?

Was this care or ideology discussed as therapy? In a therapist's own notes, she documented Eileen's history of self harm and autism spectrum disorder. On one entry, she wrote, the client stated that most of the time he is feeling blank, when he zones out or can't remember, and other times it is like he is watching himself through a screen. To me, this is a massive red flag, dissociation, detachment, instability, but no follow up was done, no second opinion, no attempt to contact me, her only living parent. Instead, the therapist reinforced her belief that I was unsafe to be around and referred her to an endocrinologist.

When I finally saw the endocrinologist's notes after Eileen's death, they mentioned only anxiety and depression calling it nothing like suicidal thoughts, nothing about trauma, nothing about self-harm. Her visit was marked as a well visit. There was no physical exam, no mention of invisible scars on her arms, no signs that her condition was truly assessed, and absolutely no indication of an endocrine disorder that would justify a prescription for hormones. When talking about side effects, the only side effect discussed was fertility. On that very first visit, Eileen was given a prescription for 40 milligrams of testosterone per week and a referral for double mastectomy on that very first visit.

In that referral letter, the doctor falsely claimed that Eileen had dreamt of being a boy since age 8. That was never true. My insurance was charged for this against my will. When I saw this pharmacy alert, I was horrified. Testosterone can increase aggression, emotional numbness, and suicidal thoughts, especially in a vulnerable, unstable teen. But no one stopped to ask if it was safe. On just her second visit, APRN increased her dose, even though her chart noted worsening side effects like acne and bleeding. Her testosterone level at that point was 289. For reference, the normal female range does not exceed 45.

In October 2024, my daughter died by suicide. She overdosed on benadryl. Her body lay in her dorm for four days before anyone found her. The school waited another day to call me. During that time, they were celebrating National Coming Out Day. They noted new self- harm wounds on her thighs. According to the

detective report, friends said her depression was getting worse. She was struggling, and she was having difficulty with transition. Those entrusted with her care didn't treat her depression. They didn't explore what was underneath the identity. They didn't even tell me what was going on.
They treated her ideology, not her illness. What she got instead was a fast track prescription and an ideology that told her pain was proof she needed to keep going down that path. Eileen deserved better. Every child does. And answering your question, what would I wish was different? I wish Eileen met a true therapist who would really care about her, not about promoting an ideology on a vulnerable teen, because therapy is not identity validation. It is a life and death guidance. If done poorly, it leads to the irreversible, sometimes fatal consequences.
[Applause]
[Andrew Ferguson] Thank you so much. Kayla, let's hear from you.
[Kayla Lovdahl] Hello, and good morning to everyone here. I'm a survivor of gender medicine or a de-transitioner. I am someone who's been dosed with testosterone starting at 12. I received a bilateral mastectomy just one month after my 13th birthday. I went straight from training bras to binding, straight to the operating table at 13. The reason why is because I had undiagnosed autism and unaddressed childhood sexual trauma. I was scared to become a woman. I was getting unwanted male attention, which made me fearful of being victimized again. I had sensory issues I didn't know how to cope with when I began menstruating and needing bras.
I learned about transgenderism at 11, and I thought maybe that was the reason I was so uncomfortable. I brought the idea to the therapist I had been seeing, and she immediately affirmed me, gave me a diagnosis of gender dysphoria. Once I told my parents, she began writing referrals for doctors specializing in pediatric transition care. Never along the way did anyone question why I suddenly wanted to become a boy. I didn't comprehensively screen me for mental health disorders or ask me about any prior trauma. I saw Suzanne Watson, and within 90 minutes, she signed off on me to receive testosterone and meet with a surgeon.
The mastectomy was explained to me at 12 using watered down terms like top surgery. I was told I would never be able to chest feed. I was told I might lose sensation. But to me at 12, that equated to numbness. But today I deal with nerve pain, extreme sensations, electrical zaps, and itchiness. I can scratch my skin until my bleed, but with no relief because the skin is numb and doesn't register touch, however, the nerves underneath are erratic. I'm nearing 8 years post-op this September. As you can probably tell, my voice is permanently lowered from the testosterone I took.
I do have a slight atoms apple. I can't raise my voice for long periods of time. I can't scream if I am in danger. You, I'm a pretty small person. I still grow facial hair that I have to deal with. I have atrophy and urinary issues. Testosterone also damaged my liver. I have had fatty liver disease since about 14. The lupron essentially put my body in menopause. I gained weight. My psychiatric issues flared up. I experienced intense hot flashes, which made it difficult to focus on my homework. Today I live with chronic joint pain. I am only 20.
At no point along the way was I offered an off ramp. I didn't even know what de-transition was until I was almost 18 and began to taper myself off the hormones, scared to go back to the doctors. Even at 18, I requested that my name and gender marker be changed back. Weeks later, I received one in the mail with my mail name. I'm here today to speak out against gender-affirming medical practices for minors. We

are letting vulnerable children be irreversibly harmed by a medical system that affirms without asking why. We need to protect children from these rushed experimental interventions , let kids grow up whole. Thank you.
[Applause]
[Andrew Ferguson] I don't think anything could be added to what we just heard. And so I'm going to close with only two comments. First, I'm not sure in my life I have ever seen more courage displayed than what I just witnessed in the last 30 minutes.
[Applause] And second, I want you to know the FTC hears you. We hear all of you. We want to understand what is going on so that if a law is being broken, we can stop it. Thank you for being here for this today.
[Applause]
[>>] Thank you, Mr. Chairman, and thank you to the parents and survivors for sharing your personal experiences. Now we are going to shift over to a presentation. Thank you, guys. [
[Applause] Dr. Miriam Grossman is board certified in child, adolescent, and adult psychiatry. Her practice focuses on youth who have distressed about their sex and their parents. She is a senior fellow at DoNoHarmMedicine.org, the author of five books. Dr. Grossman's work exposing the hazards of the sexuality and gender -- in fact, of her own volition, she brought books here today to share with attendees, and I haven't checked, but I'm pretty sure they are in english. She has testified in congress and lectured at the British house of lords and the United Nations, she is featured in many other documentaries in popular podcasts.
Please welcome to the stage Dr. Miriam Grossman.
[Miriam Grossman] Good morning. Thank you, Chariman Ferguson. Thank you also to Jackie, Simon, Maria, for sharing your medical documents with me. Actually, the books that are out there, my "Lost In Trans Nation," that is thanks to Do No Harm. Section 5 of the FTC Act says, as you heard, that fraud and deceptive practice means representing as facts things that are entirely unproven or demonstrably false, thereby misleading the consumer in a material way. When I examine gender affirming care and the history that led up to it, I see fraud and deceptive practice everywhere. Going back decades, I see it in the landmark experiment on Bruce when he was a toddler, and Reimer John Money instructed his parents to medically and socially transitioned him.
This was to be the doctor's proof for a concept he had come up with in 1966 called gender identity. Dr. Money announced to the world that the experiment was a resounding success, and for years, the world believed it but in fact, it was a catastrophe from the start. Decades after Dr. Money, consumers were misled again when gender specialists took the results of one tiny Dutch study whose subjects were carefully chosen and LED parents to believe that every child distressed about their sex could benefit from that model of care. And now, families are told there is a consensus among clinicians about the best way to help these children track but there is no consensus.
What there is is the silencing of opposition. There are many more examples that you are going to hear about today, but I think it is fair to say that the fraud is wide, and it is deep. I decided to focus on three topics, deceptive practice in language, in medical records, and in therapists' letters for support of hormones and surgeries. But first, before discussing fraud and deception, I will remind you of what is true. Humanity is divided into two biological categories. Male and female are established at conception. While there are many ways of being male or female, sex does not change and cannot be changed.

These are universally acknowledged facts. But gender affirming care is based on their denial. The premises of gender-affirming care are every -- person knows best who they are, regardless of their age, development, or mental health. All gender identities should be rubber stamped by parents, doctors, therapists, and teachers. Medical interventions, including the removal of healthy organs, must be available on demand. Gender affirming care's denial of biological facts is right in front of us. We don't need to make any FOIA request to see it. All we need to do is examine the language. Look how aggressively the proponents of gender affirming care compel the language of doctors.

This is from a course given by a Dr. Erica Metz, medical director for transgender health for Kaiser Permanente in San Francisco. In this course, doctors learned that there are acceptable and unacceptable terms. For example, sex change operation is not acceptable. Doctors must say, gender-affirming surgery. "Born male" is unacceptable. The proper term is "assigned male at birth." Here is another slide from the same course. Always use the pronoun the patient asks you to use, regardless of what they look like to you or what their name is. And the red highlight -- I didn't do that. That was from the original.

Why is it so critical to Kaiser to control their doctors' speech? Well, they know what George orwell taught us. Language is an instrument. It can be shaped for a particular purpose. It can change the way we think. I am going to go through some of the vocabulary of gender affirming care and demonstrate how this language is designed to change the way that we think about male and female and to mislead consumers in a material way. Basically, what I am suggesting today is that all of these terms are section 5 violations. Gender identity -- we are told that whether we know it or not, we all have an inner sense of being male, female, both, or neither.

And that is represented by the brain and the slide, which, by the way, comes from a sex education course. We are told that that sense not only is untethered to material reality, but it overrides it, which is the body there. The brain overrides the body. You can have, for example, a girl's brain in a boy's and body, that boy is actually a type of girl, a trans girl. This belief is a cornerstone of gender-affirming care. It is represented as factual. It is not up for discussion now, science studies the material world, the world that can be directly observed, measured, and verified.

The proponents of gender-affirming care declare that a person's inner sense, something that cannot be directly observed, measured, or verified, is more authentic than the material world. Now, what would you call that? Is that a philosophy? Is that a religion? I am not sure. But I am sure that the idea is entirely unproven and unprovable, in the same way that we can't prove the existence of a soul, even though we might believe in one. There is no objective evidence of being born in the wrong body, and saying so misleads and takes advantage of consumers, and it impacts their medical decisions.

I know from my patients and many others that when young people hear the idea that their feelings are more consequential than their bodies, and when they hear this idea endorsed with great certainty by therapists and doctors, echoed by professional organizations and government agencies, they believe it. They believe that this is a bonafide science and that they have a medical condition whose only cured its -- cure is pharmaceuticals and surgeries. Here is Dr. Gallagher, our favorite Miami surgeon. Girls see the language on her website, female to male procedures, and they genuinely believe that Dr. Gallagher can turn them into boys.

Here is Johns Hopkins telling boys they can get female genitals. Boys see this, and they think they can get an actual vagina and be a woman just like any other. Johns But Hopkins and Dr. Gallagher cannot do these things. Their claims are demonstrably false. They deceive and exploit vulnerable and misinformed

consumers and their families. Preferred pronouns -- if you can pick your pronouns, it means that your feelings determine who you are, and it means, again, that biology is inconsequential. Preferred pronouns are part of social transitioning, and we know that social transitioning increases the odds that gender dysphoria will persist.

Nevertheless, the American association of child and adolescent psychiatry instructs parents, use the name and pronounce your child prefers. Chicago Children's Hospital pronoun have stickers for staff. And the pressure is intense. Trust me, I have talked to a lot of people working in hospitals. The pressure is very intense for staff to wear these pronoun stickers. In my opinion, using opposite sex pronouns endorses something that can never be. It supports a patient's false belief, and impact their medical decisions. So that is fraud, right there. Sex assigned at birth double dashed the purpose of that phrase is to lead people to think that male and female are a random designation, a doctor's whim.

This is utterly false. I don't have time to discuss intersex. You are going to be hearing about it later. But the sex assigned at birth term, which we hear 24/7 everywhere, is designed to change the way we think about male and female. Instead of it being an inherent quality of everyone of the billions of cells in our body. Cisgender and non-binary -- the word invented cisgender in was 1994 by a graduate student at the university of Minnesota. The inventor explained, there did not seem to be a way to describe people who were not transgender without inescapably couching them in normally and making transgender identity automatically the other.

This student was unhappy, in other words, about how the transgender identity was perceived. And the goal of creating the word cisgender was to change that perception. So again, the goal was change to how we think. We are given the impression that cisgender is a scientific classification of people, but it is not. Non-binary -- we are told this is a valid identity for people who are both male and female, neither male and female, or some other combination of male and female. Kaiser Permanente provides this menu of non-binary options. We might think this is silly, and it is.

But to vulnerable youth, it means that they can have a new identity every day of the month. If identity is based on feelings, and you feel different from day to day, then why not? Do you see why so many young people are confused? I once had a 15 year old patient who identified as non-binary. I asked him explain to what that meant. He thought for a moment, and he gave me hands down the best definition of nonbinary I have ever heard.

[Laughter] Excuse the language. I would never speak this way. But it is refreshing to hear the truth. Moving on, wrong puberty -- and it's a disturbing. Puberty is not a disease. You are going to hear more about Using that. that phrase is profoundly misleading, as if someone can go through the wrong puberty. Top and bottom surgery -- these are dangerous euphemisms. They are meant to distract you from what they really are, and removal of healthy organs causing disfigurement and a laundry list of serious medical problems, as you have just heard. And you will hear more about that.

Justice Thomas called top bottom and surgery sanitizing language, and he got right. that Genital reconstruction -- nope. Reconstruction means that particular genitals were once there. That is demonstrably false. A surgical procedure that creates a faux vagina is reconstruction. It not is construction. Same with hormone replacement therapy. You're not replacing anything. It is not the same as giving estrogen to a post-menopausal woman, and it misleads the consumer. And finally, chest feed -- the recently, CDC, until because their site scrubbed, and this was page is no longer there, it endorsed the idea that men can lactate. The female body is designed to lactate.

A male body is not. Men do not lactate unless they have a medical disorder, or they are pumped full of drugs that cause a nipple This discharge. is altogether different from the natural process of lactation that occurs in women. The term chestfeed, aside from erasing women in the most offensive way and dehumanizing all of us, misleads boys and men. To summarize, the language of gender-affirming care seeks to deny the primacy of biology in determining male and female. It advances the notion that feelings override the objective reality of our sex bodies. Such beliefs can harm patients and are not consistent with science in the 21st century.

Now, fraudulent language and medical records -- I'm going to tell you about this case that was reported in the New England Journal of Medicine. I'm not giving the all details. This is very concise review. This article in the Journal called this woman a man and he/him pronounce, so I'm going to go ahead and do that, even though I usually wouldn't. 32 year old bam came to the emergency room. He had intermittent lower abdominal pain and high blood pressure. He told the triage nurse that he was a transgender man. His electronic medical record indicated he was male.

A nurse noted that Sam was an obese man, and he was comfortable between his bouts of pain. She assessed his condition as non-urgent. Lab tests were ordered, including a pregnancy test. It took several for hours Sam to finally be seen by a physician who took a detailed history, reviewed his lab results, and did a physical exam. He determined that Sam was in labor and had pre eclampsia, which is an emergency that can be fatal for mother and child. A heartbeat could not be found on the ultrasound, and soon thereafter, Sam delivered a stillborn baby. Though he had obviously not planned or expected the pregnancy, he was heartbroken, and the loss his of baby produced a major depressive episode.

The language of medical records must be accurate. There once was a standard weight indicate a patient's sex medical in records, but no longer. I want to give a shout out to Dr. Mendoza pioneering for the work on safety and electronic health records and writing a model policy. With her help, Texas passed legislation requiring not gender identity, not legal sex, but actually just sex, male or female, on medical records. Why is it so critical to accurately indicate a patient's records? sex on medical We can see from Sam's story, of course, happened, what there's much more. X and Y chromosome have a impact on each organ system, in fact on each cell of.

There are significant differences in male and female on health and disease, and there are thousands of examples of this. For example, women are more likely to develop certain heart arrhythmias. 80% of autoimmune diseases are in women. Certain drugs are more powerful in one sex than in the other. It is potentially life saving to have the correct sex identified on medical records, not gender identity, and not legal sex, because that can be changed. But here is what is going on. This is from NYU Langone Hospital. In 2018, this child was identified as a female, but two years later, the child was same identified as a male.

At the Oregon Health and Science University, this is a surgeon's entry for a man who you are soon going to , meet, who came in for breast implants. It says the sex is female. And even more -- well, incredible -- equally is that this surgeon's note, of for insurance purposes coverage, stated that this is a woman with underdeveloped breasts, who needed a more feminine shape to her breasts in order to help with her gender dysphoria. And if you -- again, this is for the insurance companies to cover the cost of the prosthetic breast insertions. And if someone wasn't careful in reviewing these records, they would have thought that this was a young woman who simply has underdeveloped breasts.

This is back to Kaiser, Kaiser Permanente again, in California. This was an Admission note for Layla. She came in for a bilateral mastectomy. It is indicated here that she is a 13 year old male. Now, more from Kaiser Permanente. This patient is identified as non-binary, a non-binary is patient. Now, this not someone's Facebook page. This is not Instagram. a This legal document is identifying a person as non-binary. Boston Children's something has interesting came out and this was given to me by Simon. You will note it says legal sex up there in the top right, but that means that someone whose legal sex had been changed to a different sex, it would just say that there.

up I have something very interesting there. Boston Children -- I have an organ -- they have an organ inventory. Now, what's that? Oh. Wait, does it show -- all right. You see a list of organs, OK? Breasts, cervix, ovaries, penis, testes. And what is supposed to happen here, I guess, is that -- I don't know if they were indicating that Simon had all of these or if organs, someone forgot to check mark make next a to the ones that he actually has. This is not medical care. This dehumanizing. is I mean that is a judgment call, I guess.

But as a doctor, this is not medical care. Now, returning to Forrest, records his didn't say anywhere it didn't indicate that he -- had gender dysphoria. Oh, I said surgeon with he that already suffers -- from that the a feminine breast -- are already did that. Now, I want to move on to the next thing, is and the diagnosis this endocrine disorder not otherwise specified, and this is an example of a lab request for estrogen that was written by a Dr. Grace Evins, MD in -- where is this? North Carolina, right? North Carolina. Now, this is male a patient who is on estrogen. And the doctor, probably for insurance purposes, has indicated diagnosis E34.9.

The lawyers in this room, take note -- I want to to you. explain It that means endocrine disorder not otherwise specified. Oh, here is example. another Sorry. Dartmouth college health service -- see below that, you endocrine disorder unspecified. Oh, I messed up. And this is one another for feminizing HRT. let But me just get back to it. Sorry. OK. What code is diagnosis E34.9? In the international classification of diseases, they have thousands of diagnosis. And so they have categorized all of the -- these are medical diagnosis -- over oh, I can see it there. OK.

endocrine diagnosis The are between E00 and E89. These endocrine, are nutritional, and metabolic diseases. For example, there's hypothyroidism, type 1 diabetes, polycystic ovaries. These are all medical diagnosis that are between E00 and E89. And you have endocrine disorder E34.9, unspecified. What is that? It says that this is an acceptable diagnosis when clinical information is unknown or not available for a particular condition. It preferable to use is a more specific code, but you can use that code when they accurately reflect what is known about a patient's condition. Now, all of these people these here, medical records that I am --

that I showed you, and I these are physically healthy people. They have will show you some no more -- medical diagnosis whatsoever. They have a psychiatric diagnosis. But this E34.9 is being in a used fraudulent way, I would say, in order to get payment for the services. Now, this is what planned parenthood of southeast Pennsylvania says. In order to meet the needs of most insurance companies and patients, we typically use the code E34.9. We recognize much that of the language around billing for gender affirming care is troublesome -- what they mean by that is that it is called a disorder.

say When you endocrine they're objecting to disorder, the word disorder -- we recognize that this is medically necessary care and will work to decrease barriers to get folks that care they need. They are explaining why they use that diagnosis. skipped Here's -- ahead. oops. I OK. What going to do now I'm is

go into the fraudulent notes that are written for individuals who need letters from therapists in order to get their cross-gender hormones, opposite-sex hormones or surgeries, and how these letters are fraudulent. So this is actually -- you going are to meet her soon. first day she On saw this the therapist, the therapist indicated she had major depressive disorder, recurrent, moderate.
That is a serious psychiatric condition. It is a condition that impairs one's functioning day-to-day and life. She also indicated that she had an eating disorder more --. than two days Doesn't without eating. go That is a serious eating disorder if she sometimes goes 2 days and doesn't eat. Yet, on the same day at this therapist indicated this in her chart, she wrote a letter for testosterone saying, there is an absence of problems related to mood. What? She just wrote the same day she has a major depression and eating disorder. Yeah, like Simon's here. father He right is going, How like, can what?
you do writes later on that? in the second paragraph, She there is no evidence of psychopathology. And the diagnosis What? gender dysphoria, anorexia and -- in remission, nothing the depression, about nothing about having, not that long ago, serious self-injury and cutting, and a whole host of other mental illness diagnosis. She writes for testosterone the the same day, one. day She had also -- therapist this -- same am I over time? Oh, I am. this All right, is anyway, another letter to the therapist's surgeon. This therapist wrote, he presents with no apparent residual psychiatric symptoms and is quite stable.
Oh, no, no, wait. This is Laura's. I'm sorry. letter This her is therapist Laura's wrote to -- the a surgeon. And Laura been hospitalized had for suicidality just two months before this letter to the surgeon for her bilateral mastectomy -- cannot two say that months. someone that You is just two months out of a serious psychiatric hospitalization has residual no psychiatric symptoms and is quite stable. It is misleading. It is misleading to the surgeon. And she also wrote that Laura demonstrated excellent insight into transition. Well, Laura was under the impression at time that this is the only thing that would cure her symptoms. This was the thing that would prevent only her from committing suicide. is not That excellent insight. That is not informed these consent. letters omit critical information So about the patient's mental information that health, impacts their ability to provide informed consent, and information that one would hope might make the surgeon think twice before using the scalpel. So to wrap it up, here is what -- oops. Oh. Oh, I messed up the letters. Well, you know what? They're all all the the same same. in the They same bad are way. Admiral Levine gender medicine said, is a field like any other.
It is all very carefully done. No, Admiral Levine. I don't think so. don't think it is I done carefully at all. I think this doctor put it more accurately, Dr. Marshall Dahl, at a WPath meeting. No audio? No audio. OK. I will talk said, for him. not He only are medications the off-label, the whole field is right? off-label, But that All is of us all are here good. to say that that is not good. It is not good at all. No more misleading the consumer. No more misrepresenting facts, things that are entirely unproven or demonstrably false. Families deserve much better, and today is a start. Thank great you for listening.
[Applause]
[>>] informative Thank presentation. you for that Let's take to -- grab a couple I'm of those minutes going back. to Let's try take a quick 7-minute break. We be back will in 7, and our we will have first panel.
[CROSS-TALK]
[Music playing] All right, everyone, let's go ahead and get started again. If I can have everybody back to their seats. We are going to get started in The next one to two minutes. All right, everyone, welcome back. Please have a seat. It is time for the first panel, the politicization of science. I would like to introduce

our moderator and attorney advisor to Chairman Ferguson here at the Federal Trade Commission, Annie Chiang.

[Annie Chiang] Hi, everyone. Good morning. My name is Annie Chiang, and I'm a current attorney advisor to Chairman Ferguson. We have already heard first hand this morning the accounts due to the harms due to what some referred to as gender-affirming care by those truly on the front lines, the parents and the survivors. We have also heard from Dr. Grossman -- pull back the curtain for us on some fraudulent medical records and misrepresentation in letters used to support the medical and surgical procedures that amount to this type of so-called care. We are speaking publicly about these things today, we should keep in mind how impossible this type of event felt not too long ago.

For much of recent history, even asking the questions we are posing today was, in many circles, totally forbidden. I hope I know you're thinking to yourself about the elephant in the room -- how? In my mind, there is 2 versions of how. First, and possibly more obvious, how did politics and ideology creep into and ultimately capture this area of medicine? And second, how, given the overall success of that political and ideological capture, are we discussing these questions today? Before we discuss those questions and hear from our panelists who will shed light, I have the honor of introducing our 4 panelists, Edmund LaCour, Eithan Haim, Jordan Campbell, and Leor Sapir.

Edmund LaCour is the current solicitor general of Alabama. He has argued 3 times before the US supreme court and dozens of times before other courts. Before joining the Alabama attorney general's office, he was a partner where he represented numerous clients before the supreme court, courts of appeals, and trials courts. He practiced in DC and Houston, Texas. Upon graduating from law school, he clerked for the US court of appeals for the 11th circuit. He earned his bachelor's degree from Birmingham southern college. His master of philosophy from trinity college, Dublin, and his JD from Yale Law School.

Dr. Eithan Haim is a surgeon outside of Dallas. Key attended university of south Florida for his undergraduate degree followed by Florida Atlantic university, where he was part of the prestigious alpha omega alpha and gold humanism honor societies. He completed his residency in general surgery at Baylor college of medicine in 2023. During his residency, he was an anonymous whistleblower in a may 2023 story released by Christopher Rufo that showed Texas Children's hospital had been lying about shutting down their transgender program. Instead of shutting down the year before like they said, TCH continued and expanded the program behind closed doors.

The very next day, Texas senate passed a bill to outlaw pediatric gender intervention, which received bipartisan support in part due to Dr. Haim's anonymous whistleblowing. The Biden administration had a different response, which we will discuss during this panel, and which I'm sure many of you know. Dr. Haim lives with his wife and baby daughter in small a town. Before accepting that position, Mr. Campbell founded the first and only law firm dedicated to representing de-transitioners. In that capacity, he represented plaintiffs across the country, consulted on proposed legislation on regulating pediatric gender medication, coordinated with the state attorney general offices and consulted on policy.

He earned his bachelor's degree from Washington and Lee university and JD from southern methodist university. He will soon be moving his wife and seven children from Dallas to join him here in DC. And finally, Leor Sapir, a fellow at the Manhattan Institute. He holds a PhD from Boston College. Since joining the Manhattan Institute, Leor has the camera thought leader on topics related to pediatric gender medicine and culture. He has offered insightful analysis of the institutional dynamics at play in youth

gender medicine, the lack of incentives for evidence-based practices in this area, and the growing divergence between the US and other countries in medical policy.

I'm really excited today to learn from this group of speakers' experience on this panel's topic, and I want to start with Leor. You have been writing and studying in this space for years now, and you have been ringing the alarm on the ways that politics have crept into medicine. In just one example, as early as 2022, you published an article on the, quote, firm or suicide mantra that you described had become the -- the empirical basis of which you explain is shoddy at best to. I would like to hear from your perspective, from a 30,000 foot view, very generally, how did ideology and politics creep into medicine?

[Leor Sapir] Thank you. It is really an honor and a pleasure to be here, and I want to thank the FTC for organizing this very important event. Before I answer your question, I do just want to say one thing in light of the context in which this event is being held, and that is that there is growing awareness and acknowledgement among professional class, liberal professional class people, that something has gone very wrong in the field of gender medicine, that there is this child-led model, there are no assessment takes place and kids are rushed into transition.

That is a good thing that acknowledgement exists. That acknowledgement is always accompanied by another claim. They sometimes call it the assessment model. I want to make a few very brief comments about that because I think this is where we are going to see a lot of the kind of battle of ideas over the next couple of years. The first thing I want to say is that even the supposedly more conservative approach to youth gender medicine has been evaluated in systematic reviews of evidence and has been found to be based on very low quality, meaning very uncertain, evidence.

Number two, as review the I think very helpfully pointed out, even a diagnosis of gender dysphoria is not predictive of adult outcomes. Even if you have a therapist who does a very careful assessment, there is nothing really that that assessment can tell you about what would happen to that child if they were not medicalized. And then the third problem is, even if there was good evidence for some mental health benefits in some kids, and even if a gender dysphoria diagnosis was predictive, which it isn't, it would still run into significant ethical problems involving informed consent, because no 12 year old can really understand what it means to give up fertility, sexual function, to endure cognitive impairment, if that is indeed one of the consequences of pubertal suppression.

I want to flag here that we are moving towards a debate about the careful assessment-based model, which itself has significant problems attached to it. With that aside, to get to your question, this is obviously a long and complicated story, but at the heart of it, I want to argue, is a broken chain of trust. The previous panels I think explored this idea that medical professionals are misleading patients, misleading parents, and that is true. But I think another crucial part of this story is that some folks in the medical community are misleading their colleagues. And that has to be accounted for.

I cannot tell you how many times I have seen this, how many times I've heard this in my conversations with doctors, with peoples in positions of authority within the medical field who, understandable for reasons, say, this is not my area of expertise. There are these other people that I call my colleagues who work at my hospital, and they are gender clinicians. This is their specialty. They know what they are doing. I don't want anybody to question what I am doing. I focus on my particular area of expertise, and I expect them to defer to me, so I'm going to defer to them.

Modern medicine cannot work without a high level of trust and difference, because modern medicine involves high levels of specialization and compartmentalization. And so that kind of difference is to be

expected, and it is a good thing generally. But it also means that the medical profession, the trust that makes modern medicine possible, can be abused. And pediatric gender medicine is a prime example of what happens when that trust is abused. It is a classic example of a broken chain of trust. So the leading authority on gender medicine in the United States is, of course, WPath. WPath publishes a document called the standards of care, which are essentially clinical recommendations.

The most recent standards of care were published in 2022, and WPath has managed to embed its standards of care and approach to understanding human nature, sex, gender identity, and so forth, in virtually every relevant aspect of US healthcare, so state Medicaid authorities and commercial insurers incorporate WPATH standards of care, hospitals conduct WPATH trainings and operate specialized pediatric gender clinics that rely or claim to rely on standards. WPATH Major hospitals and medical schools integrate standards into their residency, fellowship, and continuing education programs. Around 20 medical associations, including the powerful American medical association, have repeatedly assured state and federal regulators that WPATH standards are credible and deserving of deference.

Of course, the Biden administration cited WPATH standards of care in its policy members and had the department of justice try to enforce those standards through litigation. In short, gender medicine is WPATH, and WPATH is gender medicine. In a few minutes, you will hear from my co-panelist about what his team found out about standards of WPATH care and the discovery phase of their litigation. Let me give a very brief overview. In evidence-based medicine, systematic reviews of the evidence are gold standard for evaluating what is known about a medical practice. Clinical practice guidelines are considered trustworthy only if they are based on systematic reviews of evidence.

previous WPATH's standards of care, version 7, which came out in 2012, was not an evidence-based guideline, and WPATH did not rely systematic on reviews of evidence for that guideline. When decided to WPATH revise its standards around 2017, it resolved to do so using systematic reviews. The co-chair of the eighth standard of care said at the time that the 8th would be the first, quote, developed using an evidence-based approach. WPATH commissioned dozens of reviews. These included reviews of evidence for pediatric outcomes. But when WPATH leaders discovered that the evidence for pediatric transition was extremely weak, it prevented the Johns Hopkins team from publishing their results.

WPATH claimed in the final guideline that a systematic review was not possible. It even told the authors of the adolescent chapter that it was possible not to do a systematic review. WPATH violated other key requirements of trustworthy guideline development. For example, it failed to manage conflicts of stacking interest, the panel with clinicians who are personally call him up professionally, and financially invested in medical transition. It eliminated age minimums for transitional procedures for political reasons. WPATH leaders privately admitted to including medical necessity statements for the purpose of insurance coverage and for winning legal battles. In short, WPATH put its activist agenda above any concern for patient health and well being.

The documents provide incontrovertible evidence of fraud by the leading authority on transgender medicine in the United States. Now, the it's fraud not just against patients and their parents who are the end users of WPATH of care standards come out that that is of course the most troubling impact. It is also against the American public, which is absorbed the messaging about the safety and efficacy of these interventions through WPATH's allies in the media and medical profession. It is also fraud, as I've been saying, against the rest of the medical community, including unsuspecting insurance companies, state

Medicaid authorities, medical association leaders, hospitals, individual clinicians, including, I would suspect, some clinicians involved in general medicine itself --
again call broken me chain at of the trust. What about the other medical associations? We often hear that gender-firming care is supported by most major medical associations. They are at odds with medical authorities in places like Sweden, Finland, Norway -- hardly bastions of right wing conservatism. In 2023, the director for Belgium's for center evidence based medicine said, quote, if we had to review the WPATH guidelines, we would toss them in the bin, adding that what recommend WPATH is, quote, a pure experiment on children without any scientific evidence for it. Second, even in the United States, not all major medical associations support WPATH's approach.
Last year, the American society of plastic surgeons effectively sided with the cas review. those Among groups that Among do those groups that do support support W pass approach the American academy WPATH's of pediatrics approach or a AP has been one of the most vocal. In 2018 the AAP allowed a young medical resident by the name of Jason Rafferty to write its policy statement in support of gender transition reminders. The statement asserts that children have indisputable knowledge of their transgender identity and that parents and clinicians should follow their lead. It cites W path standard of care at that point it was the 7th edition as authoritative but as two peer review articles in medical journals have shown the AP statement contains critical errors including miss citations and misrepresentations of existing research.
A systematic review of guideline quality from the UK as part of their review found that a the guideline is among the worst in the field. That problems with the statement were pointed out to Rafferty and the AIP soon after the statement was published but the AP has consistently refused to engage with or even acknowledge these criticisms casting them instead as transphobic. Indeed the AAP has gone to great lengths to silence its own members who have raised concerns about the Published in the the offer is about quote affirming and validating the child sense of identity from day one through the end.
He explained that when a child declares a gender quote we operate under the assumption that what they are telling us is their truth that the child sense of reality and feeling of who they are is there navigational beacon to orient treatment around. In 2023 after a multi year campaign from some of its pediatrician members who refused to be silenced the AAP finally agreed to conduct a systematic review of evidence even by even though by this point several had been published in the AP could have relied on them. It's been 2 years and there's no indication that I'm aware of that the AP has begun that review or that it intends to adhere to accepted standards of systematic reviews.
So now let me turn to the endocrine society. In 2017 the endocrine society published A clinical practice guideline on gender medicine despite acknowledging the poor quality of evidence the guideline make strong recommendations in favor of puberty blockers and cross sex hormones, and moved as drawn criticism from some of the lord's leading experts in evidence based medicine. It explained its decision by evoking the quote values and preferences and quote wanting indican treatments it says that it places higher value on quote avoiding an unsatisfactory physical outcome when secondary sex characteristics have become manifest and irreversible unquote. Then unquote avoiding potential harm from early pubertal suppression.
In other words. According to the endocrine society helping a teenager achieve his or her cosmetic goals is more important than preventing harms from the use of off label drugs. It is important to note that the clinicians who wrote the endocrine society's guidelines are themselves gender clinicians with conflicts of

interest. And most were W path members. Now a key element of wpath strategy has been what I have called credibility laundering. Medical associations with broader scope and larger memberships have specialized subcommittees dealing with LGBTQ issues which today means primarily gender medicine. These groups are W path aligned or even affiliated.
For example doctor Anne Jansen of Louie children's hospitals co chair of the American academy of child and adolescent psychiatrists sexual orientation and gender identity issues committee. Incidentally he's also a W path member and co author of W paths 8 standard of care. It's not just medical associations that produce a broken chain of trust. Medical journals are also responsible. Queen of a large body of evidence demonstrating the medical journals have lowered or abandoned their editorial standards when publishing research reporting to show benefits from pediatric transition and they also suppress or declined to publish critical commentaries on these studies.
Leaders in the medical field may be forgiven for assuming that if a study reports improvement in mental health as a result of say cross sex hormone therapy that report is credible because it went through peer review. Again, the broken chain of trust. So to summarize the medical transition of minors is a good example of medicines failure to self regulate. That failure is due not only to the broken chain of trust which I have highlighted here but also to the climate of intimidation that activists have created within the medical field against any medical professional who would dare question gender medicine or its foundational concepts.
As doctor Hillary Cass wrote in her important report from last year quote there are a few other areas of health care where professionals are so afraid to openly discuss their reviews, where people are vilified on social media and we're name calling echoes the worst bullying behavior this must stop.
[APPLAUSE]
[Annie Chiang] Thank you so much for that really in depth review of how we got here today. And speaking about kind of the broken trust in the medical field we are very lucky to have doctor Heim join us I want to turn to you next, your perspective on this panel is especially interesting both because you are a medical doctor, you are a surgeon, and then also you have personal experiences going up top to toe with these ideological and political behemoths in medicine. I just want to touch briefly come my nose a long story about your personal experience here.
[Eithan Haim] Yeah and thank you all for being here especially the FTC for hosting that's my name is doctor Heim I'm a small surgeon in small town outside of Dallas, and I was the whistleblower that exposed the THC was lying about their existence of the transgender program. I'm sure many of you are wondering, there's so much deception in this field where are the doctors. Why are there not other doctors who are speaking up? And all of this happened with me blowing the whistle during my training. I saw it first hand myself there's the code of silence among the physicians and the question today if you break that code then you will be targeted and the most vicious way possible.
Because when I found out that the hospital I was working at Texas children's which was one of the most amazing hospitals in the country for taking care of kids, but they had this program that was harming kids. That had no basis in scientific or biological reality. They were doing this to children and they were lying about it. So I blew the whistle in may of 2023. There was a law passed the next day more whistleblowers spoke out as Vanessa said and you'll hear about later today. And the hospital said that they were shutting down the program.

But in response to that I was targeted by the most powerful federal leviathan in human history they tried to send me to prison for 10 years. I was charged with more felonies than some of our country's most prolific criminals. And this was for crime that I've never committed, that the DOJ could never even define where no patient had actually been harmed they were using hipaa as the basis for their indictment even though the victims they said were the hospital and the doctors not the patients. The hospital.
[Annie Chiang] Thank you doctor Heiman moving on I kind of want to get more into your medical expertise. So, and you touch on this briefly about this code of silence. One review has politics and ideology how does that been allowed to stay in this type of medicine?
[Eithan Haim] You know it's a decade long process where the institution of medicine have been taken over by radical left wing ideologies. And as that creep has taken hold in these institutions people who spoke up were increasingly vilified. So people would suffer the traumatic experiences of speaking out and having their professional lives damaged, they would be fired, they would be held back from promotions, they would be sometimes targeted by governing medical authorities in their state and in cases like mine they'd be targeted by the federal government. So you have real consequences to the doctors who speak out against this.
And that is in , happening in conjunction with the professors at medical schools. The clinical doctors who are teaching medical students and residents all of the people who are promoted and are hired are not the ones who hold conservative values. Are not even conservative values but just not radical values right?
[Annie Chiang] I would like to switch gears a little bit to the second question I posed at the top. We're talking about this code of silence how nobody is speaking up, I want to know how we are here today how are we here today asking these questions and having these discussions? I think we have a lot to say to these panelists including doctor Heim, we also have a lot to think the work of the state level where the FTC the federal government level but state legislators and state enforcement officers were willing to go to the mat on these disputes, we saw that in the united states, so let's start with state enforcement.
I'm sure it's at the top of all of our minds. Or offering to perform on a minor a medical procedure if their performance or administration of the procedure is for the purpose of enabling a minor to identify with her live as reported identity inconsistent with the minors sex under rational basis for review. Many other states including Alabama however also passed the more likely we are joined by general Lacour was at the forefront of that litigation in Alabama, general Lacour can you briefly describe what you were seeing at the state level particularly from Alabama before all the litigation eventually cumulated?
[Edmund LaCour, Jr.] Absolutely thank you Annie for having me here today. Alabama was seeing what a lot of states were seeing which is rapid rise in children identifying with gender dysphoria and similarly rapid unexplained rise in these clinics that were treating them with these untested treatments. So Arkansas was the first state to enact a law in 2021 setting age limits then Alabama 2022 and then Tennessee and other states the year after. And nearly every one of these laws was challenged almost immediately by the ACLU and other activist groups and they ran a similar playbook in every state, they would show up demand immediate preliminary relief from the district court they had carefully curated story along the lines of the assessment model that they were talking about a moment ago.
And then they would appeal to W path it was sort of their key weapon in their arsenal which was these are evidence based guidelines to provide medically necessary care to these children who are in deep distress and judge if you don't do something they might kill themselves. And so, many of these district court judges who knew nothing about this were forced to make judgments very quickly and in Alabama as

well as in other states preliminary junctions were entered that prevented us from enforcing our laws. In Alabama's case particularly the district judge really relied on W path in his preliminary junction order. But we saw that as a great opportunity because the W path guidelines had essentially been constitutionalized in the case. And said well judge that makes them the most relevant thing for this litigation. So we should get discovery into how these things were made were these the product of dispassionate science? Or impassioned advocacy? And what we revealed was really a political medical and legal scandal beyond what we had even imagined at the beginning of the litigation. As liar referenced the biden administration was involved throughout the process and trying to craft these for the purposes of implementing federal policies so there's this circularity there where the federal government was trying to alter the guidelines and then rely on the guidelines to alter federal policy.

Most shockingly was again the instance where in 2022 after years of development associate the version 8 was finally released on W pats website and there were age limits in the guidelines for the hormone treatments and the surgeries. Now, many would argue that they were too low but there was still at least age limits there and then all of the sudden the guidelines disappeared from the website and a new version came up like the next day they had no age limits whatsoever and Debbie path won't even explain why this was. While discovery revealed at least part of the reason why is that admiral moral Levine a senior official at the time had been given an embargoed final copy and then immediately began pressuring W path for political reasons to remove all age limits from the guidelines so then a AP who liar referenced as well joined the party in saying we will come out against your guidelines if you don't abolish all the age limits on the surgeries and the hormones.

And we have emails of wpath authors going back and forth saying should we really let US politics govern these international clinical guidelines? I feel bad about caving but caving is exactly what they did. And then we have emails saying let's all get on message and fight this information which they were putting out there into the public. As a result of that there are some verifiable falsehoods and the guidelines that remain again on their website today so W path says and the guidelines that all statements went through what's called the Delphine process which liar could probably explain far better than I could but it's essentially a process where you consult different experts try to reach a consensus and that consensus is of sound evidence.

Dr Coleman who's the chair of the guidelines says it's really the only evidence that we have. But because living intervened at the end and said you need to change this statement and remove all of the age limits that process never went through or that new statement that says no age limits needed did not go through the delphi process so that's a verified falsehood that's there in the guidelines. We were referred to the conflicts of interest problem we both claims that they followed the recommendations of the national academies of medicine for developing guidelines free from serious conflicts of interest, again we show that that's not true with the national academy says that only a minority of people involved and guideline development should be people who have some sort of interest in the procedures but doctor Coleman underoath in a deposition in Alabama's case said that most people so not a minority but most who were involved in associate had a financial or non financial interest indeed all 119 authors were members of W path and doctor Marcy Bowers who also oversaw the guidelines development said that in Bowers view it was important every author for the guidelines be an advocate for expansive transgender care in W paths view.

So again we have guidelines now that are based on these undisclosed conflicts of interest which raises serious problems and I think that's how you get to a position where they can use the terms evidence based and medically necessary in such a loose manner as to be almost meaningless. And speaking about the evidence base we already touched on a little bit how doctor Robinson at Johns Hopkins had been contracted to the systematic evidence review for W path to see and look at all the evidence that might be out there and see if there's strong evidence, weak evidence or no evidence backing up any of these recommendations, in 2020 Robinson was also able to confirm to HHS that there is quote little till no evidence when it comes to children and adolescents they just responded good to know little to no evidence and now they're telling years later that there's ample evidence.

Query touched on how the evidence reviews were being suppressed by W path in fact they required final approval of any article that used any of the data they used the data for the benefit of advancing transgender health and positive manner close quote. The point of evidence based medicine is to look at all of the evidence that might be for or against your hypothesis not to just pick the stuff that supports your view and leave the other stuff aside. So I mean that bias undermines the entire process. But to make it appear neutral they'll be path imposed an additional requirement on their authors saying that they needed to tell in their manuscript they needed to tell the world that they were quote solely responsible for the content of the manuscript and the manuscript is not necessarily review reflect the view of W path that's very hard to square with having final approval of every manuscript.

The last thing I would touch on medical necessity as it's referred to as the child driven model phrases like embodiment goals that show up in the emails that we received from W path. I think those emails that ones are being treated as needs they put it quote clear as a bell the SSA refers to the necessity in the treatment in its broadest sense. It's very very very that's three various broad category and any good willing clinician could use for this purpose. And so when you've redefined medical necessity you can get strange sentences like this guidelines adolescence transgender cares quality of evidence gender affirming medical surgical treatments but of course if there's no good evidence out there if there's if you're calling it medically necessary clearly puts the cart before the horse but that's what we have in the guidelines today and of course the last thing here on medical necessity associate for the first time has an entire chapter devoted to men who identify with a eunuch gender identity.

Associates chairman admitted under oath that even though no diagnostic manual recognizes unique as a medical or psychiatric diagnosis W paths official position is that castration may be medically necessary free healthy man with no mental health conditions he presents as eunuch and wants to be castrated so when the same guidelines say that it is medically necessary that middle schoolers like the ones we heard from earlier this morning with gender distress need to receive surgeries and hormones one should ask what does W path really mean by medically necessary.

[APPLAUSE]

[Annie Chiang] Thank you so much and you mentioned you know you got all of this information during discovery so I have two follow UPS on that. One, I read speculations online that obviously your case didn't make it up to the supreme court, I've heard online that the biden administration chose not to petition for certain the Alabama case because you received all of that discovery. Is it your sense that you were able to uncover that and they kind of wanted to keep that cut silent?

[Edmund LaCour, Jr.] That was absolutely our view because they got the after they got the documents same lawyers we're suing Alabama and suing Tennessee and Tennessee's case was going up on a very

truncated 6 week record on the preliminary junction stage. Decided to see cert even though one reason for the supreme court not to take the case is because the record is small and underdeveloped and the united states has argued against the court taking other cases on that very ground. Meanwhile we had been litigating for a year and a half we had all of this record, we were getting ready to go to trial in just a few days after they asked the supreme court to take the Tennessee case they actually filed a motion in the Alabama case saying whoa whoa I know we sued Alabama and we need relief really quickly, but let's just hold up let's press pause let's say the blockers and just wait and see if maybe the supreme court is interested in taking Tennessee's case because that can resolve a lot of things and at that time the discovery was still all under protective order now once documents are produced under protective order hit the docket through trial or through a judgment motion the burden shifts to the party who wants to be enforced to explain why the public shouldn't see these documents.

So that's what I think they were trying to prevent from happening. Fortunately we were successful in opposing that motion and then another file motioned with SBP few months after that we got to file the judgment brief and that included all of this evidence talking about today and they're really helped shift the narrative and expose some of the scandal.

[Annie Chiang] So the Alabama case was stayed in my second follow-up was so that effectively ended when schmidty was granted at the supreme court what did you do?

[Edmund LaCour, Jr.] It actually ended a month before scrimmage they came to us and said we want to drop our case with prejudice which means we lose completely

[APPLAUSE]

[Edmund LaCour, Jr.] Even before this committee was decided though which we took as a sign that if scrimenti had gone their way ours was the last case they would want to go forward as the next one up because even if heightened scrutiny is applied when you see that the guidelines they take their entire case on our base on this advocacy and not science that would be a terrible blow for them in terms of pushing this narrative. So they walked away a month before disposition. Yeah and then in October of last year we found an amicus brief in scrimenti laying all this out really calling the united states a task and making the representation support when they knew what we knew and explaining what we had uncovered about W path which again had been cited multiple times by the private plaintiffs and by the united states in getting the court to take the case and making their case at the court that brief was cited extensively by justice Thomas so it was an honor to be able to do that work.

[Annie Chiang] Thank you so much, I want to turn to private litigation in Jordan enjoyed the now serving in the federal government, but before that time and I think some of you know here as former clients of his you left your position as a partner at a boutique firm in Texas where I'm sure you were doing quite well for yourself. And affirm that was dedicated to representing members of the D trans community who had been harmed by what some had referred to as gender affirming care. Before we go into your substance of work here I just wanted you to share what motivated you to go into opening up this firm that specialized only in this work?

About my background was big law commercial and AI litigation so it was a hard right career turn to go into gender litigation. And what got me there was essentially what we heard this morning. And it was just the stories and the testimonies folks I didn't know existed called tea transitioners and the more I read and the more I heard from them hopefully like others in here I couldn't turn away and I couldn't do nothing. And I

saw that there was really nobody that would stand up for them. There was nobody that would speak up for them.
And there were certainly no lawyers that would represent them. And so I said OK, I will be one of those folks and I will step up and I will try to represent them the best I can. So, I didn't know a ton about the medicine, I've certainly learned from folks like leor whom I've become good friends with, I've known Eddie for a long time and certainly learned a lot from their litigation and by the way for nerds who like to read amicus briefs that is the best amicus brief I've ever read and you should absolutely read it.
But, it wasn't any of that, it was hearing from my clients, hearing from others and just saying yeah I feel like I need to do something.
[Annie Chiang] Thank you for that so we heard a little bit from general Lacour about litigation tactics that were used in state litigations to kind of keep this information out of the public view. I was wondering in private litigation, you were litigating against I'm sure health care institutions medical practitioners sometimes maybe governments, I was wondering if there was any discovery that you uncovered or facts that you uncovered that you are able to share keeping in mind that some of it is subject to protective order.
[Jordan Campbell] I would just say there's certainly tactics at the practitioner level that we would see that we're very common, I literally cannot tell y'all how many times I've heard folks or potential clients we have interviewed tell us about the suicide myth that they were told which is would you rather have a living son or dead daughter or vice versa. It's a very very common tactic. The surgical letters by the way that doctor Grossman highlighted for us this morning as well very common tactic and I would actually say those are some of the more detailed letters that you'll actually see.
It's more common to see even more form letters that are even more fraudulent there are just two quick paragraphs, we even had one client that a doctor sign a letter that said they can certify that this patient without the W path guidelines which includes months of dysphoria if not years the doctor said I've been treating this patient since the day that they signed the letter. So the most blatant evidence of fraud like I know this patient and I know they meet all the criteria and I just saw this patient today but I'm going to sign off on it right here I'm gonna check the boxes.
So the letters are certainly very very common tactic, the suicide myth is very common tactic. And I would just say the general speaking in the overalls and just really blew my mind the more we would dive into records the more we would see from these institutions was just the absolute unquestioned rush to quote unquote affirmation with 0 guidelines I cannot tell you how many patients we've spoken to are the absolute very first time they spoke to a clinician they were prescribed cross sex hormones or puberty blocker or both. Which flies in the face of even the quote unquote W path guidelines.
Which they all report to follow up here but in practice none of them actually do and that's the thing that really jumped out to me they don't even play by the rules that they report to follow up here
[Annie Chiang] So there's one last question that I want to ask all of our panels and we have touched on this briefly in the beginning. We are here today after! Media after the state enforcement action after private individuals have put their livelihood sometimes at stake to allow us to ask these questions and hear from people today about what's been happening. So what's next? What's next in doing the view and the politicization ideology that's crept into medicine?
[Eithan Haim] You know if I can start off I think one of the best strategies moving forward anyone into the department of justice who has the capacity to enforce the law is what doctor Grossman showed us

earlier. Me as a surgeon if I use diagnosis codes there were that fraudulent I would be in prison right? That's a real crime not like the fake crime that they charged me with.
[APPLAUSE] And all the department of justice has to do is enforce the law. These laws already exist. These people are committing crimes. If the investigations are done and the prosecutions are on then these people will be held accountable and there's a very good chance that this will stop even in the blue states.
[APPLAUSE]
[Jordan Campbell] Working on it doctor Heim. Obviously there's certainly a legal angle that I'm sure the FTC may be interested in obviously the department of justice is interested in it but I would also say more broadly it's a cultural issue here and it has been let's say the pendulum is swinging right now and the reason for that is I just think the truth is actually now being brought to bear the light is actually being shown on what's going on and ultimately I would think the truth wins out. And so just as far as you know how does this move forward how do we progress in this area?
I think it's panels like this where the actual what is actually happening is being brought to light. I think ultimately that's what moves hearts and minds and that's what people wake up to see this can't be right. And ultimately that's probably what changes things.
[>>] I would say consistent with what I said earlier I really do think both for intrinsic reasons and also for strategic reasons we need to have understanding and grace for medical professionals, people in the mental health field who have trusted their colleagues, for understandable reasons and have been misled. I think we need to continue forward pressing on with evidence based medicine, continue insisting on the case for looking at evidence, thinking about the underlying clinical rationales, the concepts of transgender medicine is doctor Grossman helpfully pointed out, but at the same time, having some understanding and trying to help create an off ramp for medical and mental health professionals who've gotten caught up on this issue.
I don't think it does us any favors to demonize those who don't deserve to be demonized, and I especially think that we need to have understanding and compassion for the kids and their families who have crossed the rubicon and who have medicalized and who have committed their lives to these procedures. We can't demonize parents above all, to me that's always been my red line never demonized parents, parents have been misled and lied to constantly. So we need to have understanding and we need to help create off ramps that's what I would say.
[>>] Just sort of piggyback on something Jordan said I think getting the word out is so critical, one problem we faced early on was that some of the things that were being done were just so horrible that most people wouldn't believe it. They thought, that can't be true. I mean it's like this move the surgeries aren't happening and if they are it's a good thing. But then you hear from the people who have been so damaged by it and I think that can open people's minds up. And I agree with Lou that there are some folks in the medical industry who were trapped in some who were doing the tricking.
So whoever in that group that is I think it's going to be important to investigate
[APPLAUSE]
[Annie Chiang] Let's give a round of applause for our panelists. Thank you so much.
[APPLAUSE]
[>>] Sorry I should have put that on we all have another presentation for you about this so called gender harms doctor Michael Lehman has been in private practice in Rocklin CA since 2006 and 2018 he wrote

an influential article for public discourse called gender dysphoria in children and endocrinologist evaluation of IM jazz, after recognizing a strong push to incorporate gender identity into his local school system from there he went on to publish in medical journals and to speak and educate on the topic of harms from puberty blockers opposite sex hormones in surgeries and locations such as California Washington DC, the UK, parliament, in Florida Florida medical board has worked and testified in front of states as well as in witness to stop the use of hormones and surgeries provided to minors for the purpose of gender transition please welcome to the stage doctor Michael Laidlaw.
[APPLAUSE]
[Michael Laidlaw] OK, thank you for having me here. Thank you chairman Ferguson mr shrimp Brenda, all of the excellent speakers here today and thank you guests. Let's see, next. We are waiting on the audio visual I think so I'll just jump ahead. I'm here in DC it's very nice to be here next year it's going to be our 250th independence day. We just had a great 4th of July and now we're quarter of California, but I couldn't help but thinking you know what would the founders think about what's happening today? What would they think if someone couldn't define what a woman is?
Or what a man is? Or that you could give chemicals, they didn't know about hormones to magically transform someone from a boy into an adult woman or a girl into an adult man. Thank you. Alright. So, with that, again I was first I really took a deep dive into this when this book if you've heard of it I am jazz was read to kindergarteners at in our local school system and did parents urged me to read it as an endocrinologist, and this is a propaganda book geared towards very young kids, kindergarteners and elementary school. And I found at least a couple of things that were untrue claims in there that a boy could be born with a girl's brain, that a doctor could somehow diagnose a child as being transgender, and there was a lot of information missing about types of medical arms that could happen with this treatment.
So today I'm going to talk about what is gender dysphoria a little bit, how normal human sexual development works, what is gender affirmative therapy, hormones and such, who are the major promoters you've heard a lot about that and I'll go through that a little bit, nations and states that have turned away from this care and about suicide deaths in the conclusion. What does all of this hinge upon? I think doctor Grossman covered this well objective biology versus subjective feelings. So gender identity is the internal feeling of being a boy or a girl or some variation gender dysphoria is a legitimate psychological diagnosis found in the DSM five with an extreme discomfort with one sex and perceived gender leading to significant distress and impairment of functioning lasting at least six months.
And it's important to know that depending on which study you look at so long as kids aren't interfered with with hormones the majority of 50 to 90 90% we'll just this regret of this by adulthood. Also important to know many of these people as you've heard today have many comorbid diseases like anxiety autism self harm. Now as an endocrinologist I provide hormones to people, hormones are very powerful medications that alter your body and mind. So if I'm going to give insulin to a patient I'm going to make sure that I have some objective evidence of diabetes.
I want glucose results, if I'm going to refer a patient for thyroid cancer I want a biopsy to show me for sure that this person needs this treatment. So we are going to radically alter as I said people's bodies come with kids bodies with hormones. How can I prove that this person is transgender? Where do I find the gender identity? Can you do a cat scan or an MRI? Chromosome testing? Other testing? And the other the answer is that you cannot. Again there are only two sexes in case you missed that earlier. Sperm

comes from your father egg from your mother and there are no other games out there there aren't 14,000 other gametes, there's only two to make you and all of us.
You can look at chromosomal evidence that's found in all cells with nuclei in your body and X for a female XY for a male. And these cause different processes to occur and sometimes in a sex specific way within cells. During normal development you actually develop your reproductive tract and organs that around weeks 8 through 12, so there are primitive tubules in the beginning, some that could become a male and some that could become a female. But, what happens is you develop into one or the other and these other two are completely eliminated which means you can go down one track or the other but you cannot cross tracks later.
We have no medical way of doing that. Again sex is identified at birth you can do it as an adult or as a four year old they can look at their little brother or sister and be assured, it's not assigned at birth no one flips a coin or pulls out a lot of ball is a male or a female it's very easy to identify. There are people with disorders of sexual development which is outside of the scope of this and really not relevant here but it doesn't make any difference sex just a disorder of sex development.
I'm going to talk about what I call gender affirmative therapy which really has four phases one or more of the social transition puberty blockers cross sex hormones or opposite sex hormones and surgical modifications which you will hear more from doctor lapper. Now it's important to note, is there any water by the way? (laughs) it's important to note as we are getting water O. Sorry. I've not observant. So doctors and pediatricians and doctors can examine patients and find out what stage of pubertal development they are in by looking at what we call tanner stages, so tanner one is the undeveloped prepubertal person and tanner 5 is an adult a fully adult reproductive organs are present and fully developed in stages 2 through 4 are various in between stages of development, it's important to know here for our purposes that around 10 or stage 4 sometimes three that's when utility is established.
OK? Now, all of his amazing process is under the control of glance one being the pituitary which is a small pea sized shaped organ in your brain and that activates the testicles to make testosterone or the ovaries to make estrogen and that rolls into place all of the processes for developing puberty. Now sometimes persons can develop conditions where they have problems with this communication it stops puberty or they may not begin puberty and this is treated and diagnosed and treated by an endocrinologist, but, other types of medications such as lupron which you may have heard of can also chemically interfere with this process and stop puberty.
Now this has legitimate uses in central precocious puberty for very young kids either age 3 or 4 who go through puberty early, but there is no FDA approval and there's no good evidence as you've seen for using this for the purpose of gender transition. And as you might imagine blocking puberty blocks this normal advancement and normal advancement of fertility. So, different side effects of blockaded normal puberty in the mail you sent penile and testicular growth which makes future surgeries problematic, sexual dysfunction as you might imagine, orgasm issue pre ejaculation sperm production, in both sexes you'll have destruction disruption of your brain development which occurs under hormones and disruption of normal bone development.
In the female if you stop puberty at an early stage as recommended by W path and endocrine society tanner stage 2 you will develop an early menopause like state with blockade of normal breast development decreased blood flow to the vagina in the vulva, sexual dysfunction with thinning of the vaginal epithelium and vaginal energy, inagua, problems with orgasms, of course it interferes with

menstruation and fertility. And you'll hear more about this from miss lull later. You can also read labeling and note that there are many psychiatric effects of puberty blockers on the labeling. And this is ultimately for many a pathway towards sterilization because first you've impaired or destroyed sex organs with these medications and then many according to other studies going to have their testicles or ovaries removed which is complete sterilization.

Now I just want to talk a little bit about bone development. So come with the pubertal phase and up through the 20s is an important time for developing bone and normal bone density, so you can see at the bottom here kids and adults ages and years and bone density and you can see a rapid increase in both males and females you know from 10 year Olds to late 20 years. What happens with puberty blockers? Is that relative to their peers they cannot put down as much bone and end up with a lower bone density than you would otherwise expect.

And so there's this flat lining of bone density which is important because this can lead to risk of osteoporosis and debilitating fractures when a person is older now taking cross sex hormones after may mitigate some of these effects but again as you'll see that is not a healthy way to go either. Here is a female who had undergone mastectomy surgery and you can see evidence of what we call hyperandrogenism or high testosterone levels preoccupancy the abdominal hair in the facial hair. And I just want to show you and I think this was covered earlier but the normal female range of testosterone and females make testosterone as well is 10 to 45 and 10 to 50 and blew there but in the orange is what they're recommending for this gender transition some 6 to 100 times higher than normal female levels. And this leads to multiple risk. Increased risk of heart attacks and death due to cardiovascular disease high red blood cell counts potential liver dysfunction as you heard earlier with Kayla, hypertension, various potential risks for the reproductive tract ovarian, breast, uterine, cancer. Some of that is still being worked out. Of course hair growth or deepening of the voice, sexual dysfunction and fertility, this is a controlled substance and it's being used off label and this is important because this is data from a paper about the food and drug administration adverse event reporting. And I want to note the steroids to the similarity to steroid use which we've written in a comment, in the adverse event reporting they found evidence of aggression, anger reported euphoria, depressed mood, dissociative identity disorder, affect liability, emotional disorder, antisocial self destructive behavior, homicidal ideations, suicidal ideations. And many of these are similar to what can be found in anabolic steroid abuse. Now, let's talk about estrogen, using estrogen in very high doses maybe 2 to 40 times higher than the normal estrogen levels. This leads to and doctor Schwartz has a great paper and company about this, increased risk again of heart attack and death due to cardiovascular disease, thromboembolism list two to five times increased risk of blood clots or deadly blood clots. Possible stroke wrists, high triglycerides, the breast cancer risk and males and males can get breast cancers increased 22 to 46 times anywhere you look benign tumors of the brain prolactinomas germs plasmids or other possibilities.

I'm going to skip through some of this because they've done a good job discussing W path. W path is an advocacy organization as you heard earlier they removed age guidelines primarily as we found out from our grade attorneys in Alabama due to admiral Levine working behind the scenes in American academy of pediatrics. Trusted since 1930. No longer. The endocrine society is an otherwise legitimate medical organization I've been a member since 2006, they do great work except in gender stuff. They wrote guidelines in 2009 and 2017 and just to emphasize, I think we are safer talked about this but nine out of the 10 authors of this 2017 guyliner W path W Beth affiliated so I've often been asked why our medical

organizations following this sort of treatment and I think it's because W path early on in 2009 got involved and recognized why not use the hormone association to legitimize what we are doing?
Going to skip along again systematic reviews of evidence have been done in the common things and looking at this and limited high quality evidence for most interventions primarily low quality problems of methodology small sample sizes lack of control groups lack of long term follow-up, mental health benefits unproven. So many nations have turned away from this including the UK there's doctor Hillary Cass you heard about earlier. And we have our own HHS report which is still under peer review but in many ways it expands on the cast reports and is very extensive and worth a read.
I don't have time to go into it but I want to talk finally about death in this treatment paradigm because that's the ultimate thing that physicians are trying to prevent. And now if you look back in 2011 a study was published looking at the entire nation of Sweden population compared to some 300 plus persons who had gotten hormones and surgeries, and so you can see time and years across the bottom and survival with 100% at the top and the top 2 continuous lines are males and females in the general population. And if you look at the dashed lines that shows what they call trans males and trans females and how their survival dropped off rapidly after 10 years.
In fact there was nearly three times the all cause mortality rate and 19 times the rate of completed suicide. Now what about children and young people this is doctor Johanna Olson Kennedy whom you heard about earlier gender clinician and researcher at children's hospital Los Angeles and here's a quote you've heard what she tells parents we and what they ask parents is would you rather have a dead son than a live daughter? Which is kind of a claim in question but it's also a claim if your kid receives these hormones they're going to live though they may be a different gender than you had thought and if not they will die by suicide.
Which if true it would be maybe an important way to discuss this but if not true it would be seen as in my opinion extreme form of coercion. And Jane Robbins is an attorney and author she alerted me early on to a study from the NIH funded study and we looked for more information using for your requests to NIH and there's a lot to talk about here and this Friday will cover some of this as well, but this is called the title of this now 10 year and I study is the impact of early medical treatment on transgender youth, there's four sides of academic institutions across the country and so they were looking at 2 arms of puberty blocker arm, starting puberty blockers at a very early age let's say 8 for girls or 9 for boys and monitoring the facts over 2 years and also cross sex hormones starting at age 13 though that was lower later.
And they were studying the mental health the psychological well being, metabolic and physiologic parameters, bone health, and so forth. Now, we found information on that around 2018 and then in 2019, one of my colleagues dr will Malone who's also an endocrinologist and my college Audrey Corvette if wrote a letter to the office of human research protections asking for a moratorium on the study because of all the things I was asking earlier which would clearly have been. We contend that either children or their parents can meaningfully consent to permanent infertility or other potential serious medical harms to treat a non medical condition we question whether these plants were fully fully informed of their health risks or the possibility of tragic regret.
We received a reply from NIH basically saying that they would not have a moratorium that that would only stop the data collection and anyways these parents were informed of what could happen and they weren't gonna do anything about it. Now in 2023 a study was published in the new England journal of medicine with cross sex hormone outcomes or at least some of them with 315 patients were given this treatment of

cross sex hormones and the most common adverse event was actually suicidal ideation in 11 participants. And two kids or young people actually died by suicide which I thought that's what we were trying to prevent with this weren't weak?

Apparently not. Now in medicine it's been common practice for centuries to do autopsies of patients especially people with rare or unusual conditions and compare that with their clinical course during life to advance what we know about different things for example adrenaline sufficiency there's one thing I know about where they had done that. So in the new England journal what did you find about these deaths?

Well, nothing really. It's just a statistic were they males or females? We don't know. What were their ages? We don't know. What were their psychological care leading up to that? What were their diagnosis? Autopsies performed on the study subjects? If not, why not? What were their testosterone or estrogen levels? Or progesterone? Or blood levels? What did the first responders report say? None of this is known at this time. So information is being concealed in my opinion. And so the first participant was enrolled in this study in 2016 we wrote a letter in 2019, and the new England journal publish this data in 2023, and I was quite surprised because we had been following yearly progress reports and never found, I never saw that death was mentioned. So, it was concealed.

Until our wonderful attorneys in the state of Alabama subpoenaed HHS documents in late 2023. And they found out the first death actually occurred way back in 2017 before we had written our letter. And I could not find any information about the second death. Now, someone we do have information about and many of you here probably know about jolly Martinez and her mom Abigail Martinez. Killers we know about her case is because her mom has been very outspoken about it. Jelly had depression, she was referred to for gender transition at children's hospital Los Angeles because of a school psychologist who said that she needed gender transition and she was administered testosterone.

Her mother said the daughter was taken away by the county and placed into foster care, she committed suicide by train in Los Angeles county at age 19. The mom says around 9:30 PM that night she walked in front of the train tracks facing a train, she went on her knees raised her arms up and just laid on the tracks. So if you want to find out more information of a case report you could look in your medical journals and find that? Nope. But, you can do a public record request to the Los Angeles county coroner's office which is what I did.

Excuse me. Can I found the record. And come I don't want to be graphic here, but you can get a picture of it from here she was identified as a 19 year old female and she had importantly she had scars on both arms this was not from a train collision these were old healed scars from her history of self harm I would say. And her body was so badly destroyed that mom wasn't even allowed to see the child afterwards. So we would like to prevent that from happening, we would like to prevent other deaths from happening we would like to prevent all of the stories that we've heard today of young people being severely injured or mutilated from this treatment.

Just to know this is not the standard of care, I slipped skipped over that slide but the endocrine society even said it, we don't have the technology to turn girls into boys or boys into girls though kids may believe it. Medications are being used off label at high doses without proper FDA risk assessment, multifold harms are evident or predicted, proper long term studies haven't been done, multiple systematic reviews of evidence have found poor quality of evidence of benefit. Young people have been permanently maimed and killed during the course of these treatments, and finally the wpath standards of care as an

extreme document presents a grave danger to minors and should not be followed by any clinician or physician.
Thank you.
[APPLAUSE]
[Myles Lynch] Thank Laidlaw you doctor for an instructional, we have one more panel before lunch I appreciate you guys being patient we have one more panel for today let's keep going let's focus on the science what is the science actually say about gender affirming care. Our moderator is miles lynch who serves the federal trade commission as one of our attorney advisors in the chairman's office.
[Myles Lynch] I guess it's not morning anymore so good afternoon everybody sorry I know we're running a little late right now and you're all looking quite forward to lunch so I won't give a long introductory spiel. But this panel is comprised of medical professionals who are building off of what we just heard from doctor Laidlaw and can help us understand what the science really says about the benefits and the risks of gender affirming care. First I would like to introduce well I will let them get seated first. But Jennifer Lowell is a founder of the center for bioethics and culture network.
A nonprofit organization that educates the public lawmakers and others on bioethics issues, and this role law as years of constant as a senior nursing manager with compassion to speak on behalf of vulnerable populations. Multiple publications the chronicle and the American journal of bioethics. Hernias book the conditions detransition diaries was coauthored she has produced 11 documentary films three of which examined gender affirming care, her firms transmission was the rush to reassign gender the detransition diaries saving our sisters and the lost boys searching for manhood released in June 2021 and September 2022 and January 2024 respectively. She's frequently interviewed by the media has been called upon to speak beside lawmakers and members of the scientific addressing issues such as human trafficking next is Michelle cartelli she's a pediatrician writer and researcher and educator and speaker.
She's a past executive director of the American college of pediatricians and the current chair of adolescent sexuality committee. She serves as a pediatric spokesperson for the American physicians. And the Catholic medical association. Dr coachella serves as a peer reviewer for the journal of American physicians and surgeons in law and medicine and the international journal of behavioral healthcare research. She became a leading physician critic of pediatric transgender intervention and it's 2017 interview with Tucker Carlson in which she detailed the harmful effects and called the medical child abuse. Dr patella received her medical degree from the university of school of medicine in 1984 completed her internship at the children's medical center in Hartford CT 1997 completed the fellowship in college health through university of Virginia 1990 1999 practice pediatrics and special interest and behavioral health in 1999 through 12 Throughout her career she has advocated for upholding the highest standards of care and medicine and mental health her recent advocacy centers on gender affirming care particularly intervention she substantiated community blockers cross hormones and procedures from minors and vulnerable adults.
High quality medical guidelines and she asserts the low quality should never be able to attain these lifesaving evidence based care. 2024 doctor Schwartz offered an open letter to the APA regarding gender affirming psychiatric care textbook garnering over 7200 signatures including those of clinicians, educators, and researchers. She's actively testified against legislation that she understands compromises the ethical legislative practice and jeopardizes patients well being period most recently doctor Schwartz collaborated with other medical and research professionals to publish open access review this review

compiled 50 studies highlighting extensive health benefits associated with hormones. Can finally Patrick ledberg is the plastic and reconstructive surgeon who has been in practice for over 30 years period he is board certified as a general surgeon and has served as served as a US navy chief of plastic reconstructive surgery at the Naval hospital he also served as reconstructive surgery for certain general of univest Nagy navy from the pediatric cranial niece (Indiscernible) then the large military hospital in the world.

Dr laffer retired from the navy after 24 years of service at the rank of captain he then worked as a plastic surgeon in private practice for 18 years year recently retired from the practice of medicine and surgery period doctor laffer's serves as an excellent witness and the cases of gender affirming care and the state and federal courts he was active in the legislative process that protected Alabama miners from affirmation care has books and and (Indiscernible) about the pastoral care of persons wounded by the gender affirmation industry. So if I could open up by asking miss lull a question.

Can you explain I know we just heard a little bit from doctor Leila what fertility preservation is.

[Jennifer Lahl] Ohh Thank sorry. you. Thank you. Very good. Fertility preservation is reconstructive that is offered in an attempt to hopefully maybe preserve some of these fertility so that they can have a biologically related child in the future. There are several different methods, one is you can freeze your eggs you can freeze sperm, you can freeze embryos you actually make embryos with egg and sperm and freeze them, or often as the case of prepubescent children you can do ovarian or testicular tissue preservation. And that's an option that's available just to pre puberty kids because they don't have egg or sperm yet.

Fertility preservation was first tried and used and perfected in species that are at risk of going extinct so as a method that was used to try and preserve different kinds of species and then it moved into the patient population of adult cancer patients where the therapy treatment they needed for their cancer treatment could negatively impact or harm or destroy their fertility and then in the early 2000s it actually moved into the pediatric cancer patient population. So that children who also are inflicted with cancer might have the ability to someday grow up and have a biologically related child.

But now we've seen it expand into the scope of gender affirmation care as something that is offered and probably I'm the only person in the room that when the cast review came out the first thing I did was look to see what doctor Cass said about fertility preservation and I was saddened and a little bit shocked that she recommended in section 10 that all children be offered fertility counselling and preservation prior to being put on a medical pathway. And if I could just sort of put a highlight under some things that Leora said if we moved to this assessment model, if we moved to this model where we can do it better where we can do a good way of treating these children and also if we trust the experts you know who doesn't want to trust doctor Hillary cast then we have to be mindful of what I think I'm about to say that maybe we don't want to offer this to children.

As you said in my bio I was a former pediatric critical care nurse but for the last 20 years I've been spending most of my energy in the area of fertility and assistive reproductive technologies, I was deeply concerned as a nurse and as a filmmaker when I learned that children before their puberty was blocked or before they were put on cross sex hormones were or offered surgeries were offered fertility preservation as part of their care. And again knowing that the younger the child is they're going to be offered the actual freezing cryopreservation of ovarian and testicular tissue in stage 2 to 3 tanner stages where they have not yet developed mature gametes.

It's one thing to provide the possibility of having a biological child for a cancer patient adult or pediatric who needs a treatment to potentially save their life. But it's a whole nother thing to offer a person who has healthy fertility who we knowingly are going to damage but we're going to offer them fertility preservation as part of their care. Their research that doctor Laidlaw cited on one of the slides that we published in march of 2025 in frontiers in endocrinology title fertility preservation is there a model for gender dysphoric youth, we found only two reported live births in the pediatric patient the female patient where ovarian tissue preservation was done only two of those young women that were aged 9 and 13 at the time of having their tissue frozen were able to successfully have a live birth and one other case was reported in a 14 year old female it did not say whether or not she had been through puberty or not but this young girl was able to after 4 rounds of IVF was able to finally give birth and have a live birth but she did deliver prematurely which is a risk of IVF pregnancies in general to have premature activity deliveries.

But in each of these three cases all of these patients had to have he toxic therapy to treat their cancers one of the reasons they were offered fertility preservation as far as what we found in the male population we found zero reported success cases of young men that were offered the freezing of their testicular tissue. And an important unknown in both of these categories is we don't know how many attempts were made so the three young girls that were successful in having live births did only three young girls attempt this or did 3000? We don't know.

So you have to take that stat with a grain of salt. For those that have gone through puberty so they were offered fertility preserved their eggs and or their sperm this is no longer seen as experimental, but all of the data that we have is all lumped together so these young people as part of their gender affirmation care are offered the banking of their egg and sperm they are lumped in with people that are struggling with infertility. They are lumped in with the silicon valley women who are just freezing their eggs because they want to have their biological clock protected.

But we do know of all of these data points that are lumped together that overwhelmingly per the CDC data that over 50% of all IVF cycles fail and I don't know what's gonna happen with the CDC data because the group that tracks all of this at the CDC was let go as part of the doge letting go of people so we're not sure if we're going to continue to track this or if this is the end of the data that we're going to have. Embryo freezing actually in the CDC data shows the highest success in live birth, I mean the game is to get a live birth out of all of this, it's the freezing of embryos and we know in the gender youth population they're not freezing embryos because they're not partnered with anybody yet they're just freezing their own egg or their own sperm.

But, considering the gender dysphoric population if they want to have a child they also need to consider the financial cost, cost about $1000 a year to freeze and store and bank your eggs if you're an 8 year old you're going to be freezing and banking and storing your eggs for two decades, you know you have to look at the financial costs, and we don't know in the medical literature for the egg and sperm that have been frozen for that many years what is the success rate for any of those ending up in either a conception or creation of an embryo or let alone a live birth?

We also have to consider the fact that if this is safe for an example of trans woman, a male who froze and banks their sperm who then grows up and is partnered with a male, there's no egg in the couple. There's no uterus in the couple. So they're going to double down on the risks and complications of a third party conception rate. So it's evident to me for all of these reasons that offering fertility preservation to the gender dysphoric population is deceptive as the chairman said in his opening remarks this is a misleading

claim, I mean when you are being offered fertility preservation you think that you are preserving your fertility as in having a child.
When in fact you are freezing your gamuts with no guarantee whatsoever that you will get a live birth. Thank you. Thank
[APPLAUSE] you for
[Myles Lynch] that. So, doctor catella could I ask you as a pediatrician can you tell us your experience with gender dysphoria my and gender affirming care before it became such a big issue? Right,
[Dr. Michelle Cretella] I think it's I think it's important to know how gender dysphoria was prior to the explosion and trans identities the explosion in the diagnosis of gender dysphoria, I would say in America that 2013 was probably that turning point, 2013 is when the diagnostic manual 5th edition came out and altered the diagnosis from gender identity disorder to gender dysphoria. And one note I want to make is that no genetic or biological trait or condition explodes onto the scene and across Western cultures Western countries industrialized countries gender identities and dysphoria has grown at exponential rates, this is a sign this rate of growth is a sign of a psychosocial condition psychosocially constructed predominantly we have to understand that that's a scientific principle.
And it's been suppressed. We've heard from doctor Laidlaw earlier and I think also Miriam Grossman it's science fiction to tell parents and children and vulnerable young adults oh you just have a brain that's not on the same page as your body. You have a girl brain in a boy's body science fiction. No one is born with gender dysphoria. Everyone is born either male or female with the sex so that has to be included, that concept of oh you're just born with the wrong brain. That is the foundational fraud right there. I have to get that out.
But prior to 2013 and the best way for me to illustrate this pediatricians almost never saw this issue. I literally had and now from my training which started in 1994 through 2012 so nearly 20 years spanning I had one case that was very classic of a little boy I'll just call him Andy and this one is online although it was censored. This family brought in their son for his five year well child check and they were concerned because increasingly from age 3 to 5 he started playing more and more with girls toys. By age 5 he was saying he was a girl and at that time it wasn't by gender ideology so I referred him and the family to a family therapist and they engaged in very traditional child play therapy and over the course of several visits it wasn't, it came out that he believed mommy and daddy loved girls better than boys.
Why? Because when he was 3 after being King of the hill he had no siblings but age 3A little sister was born and she had profound special needs, mom and dad had to reallocate, they were all about Sissy, all about Sissy. And so, and children they have children are not little adults from ages 3 to 5 especially they have thinking they can misperceive what's going on, and he honestly thought in one play session barbies here trucks there, mommy, daddy, you don't love me when I'm a boy. So once that issue was unearthed, oh my goodness, you know over time within a year they were able to change the dynamic and, yeah, he grew to know that yeah I am a boy and mommy and daddy do love me.
Another time, and this might have been around 2007, 2008, somewhere in there. I received a call from a mother she was going to be bringing in her twin girls identical twins. They called me up and said doctor patella I didn't want to say this in front of the girls, but, Lee, I'm just going to call them Lee and Anne. Lee refuses to wear female underwear. She will only wear boxer shorts and she cuts her hair like a boy, only wears all boy clothing now, do you think this is a problem? And I said well, come in and we will talk and see what's going on.

So, Lee and Anne they were identical twin girls, and again, this was like their 12 year well child check. From very early years both girls were very active, and was always a girly girl and she was hardcore ballerina. Lee from the earliest years she was always into rough tumble play, she was dad's pal. She loved her dad, and now aged 12 she was totally into ice hockey. And she was never into dresses, so I reassured mom you know hey, from the beginning these were personality differences, classic tomboy, what else is going on? How's dad doing?

Oh we got divorced. Within the year we had a divorce. And then dad you know he was never physically abusive or anything like that, but he had the girls every other weekend and while I was examining Lee by herself I said hey, you know so I see these are your favorite clothes, tell me why do you wear these? Just gesturing to the boxers they feel so good they're just so comfy. All right. And she had told her mother the same thing separately. So, what I ended up doing was making a referral to a family therapist to focus I didn't focus on Lee, or her tomboy qualities, but I explained to them I said you know when families go through divorce, this is a huge adjustment and this affects us and I said this to them altogether, the 2 girls and the mom, I said it affects everyone differently and it can be really hard to talk about how we think and how we feel we don't wanna hurt mom or dad's feelings, but you know, counselors who specialize in this can really help you share your feelings and it can be really healthy.

It's really healthy to do this. And then privately, I said to the mother you know, this clothing the boxes in particular, it's probably part fashion comfort but but you know psychologically she's probably missing her dad and the whole boy thing and haircut coinciding with the divorce that could be some of it. And I just encouraged her to celebrate the fact that you've got a ballerina in a hockey player at home let her make her clothing choices and just focus on the open communication and also you know with her divorced husband as well and the family therapy.

Both girls thrived through high school. Today, poorly would have said oh you are gender nonconforming which, assure she's gender nonconforming, and you know you're 12, while. We really should postpone your puberty, we want to pause your puberty. IE put you into a diseased state, puberty is not a disease. The absence of normal timed puberty is a disease. So, she would have been put on the medical pathway so that she could have time to really decide are you male or female? Or nonbinary? So, in the past, children had a greater chance of having their personality traits their unique personality traits being affirmed and being shepherded through a critical developmental stage in which they could really come to embrace their true physical and personality identities if you want to say.

Would you say, what would you

[Myles Lynch] say a responsible pediatrician today should do in those kinds of cases?

[Dr. Michelle when I'm asked by Cretella] fellow pediatricians what Yeah can we do? Because if I say these things I'm going to be you know fired or my career will end, I will refer them to therapyfirst.org which has wonderful resources both for clinicians and families. I will tell them because as pediatricians, we can screen for mental health for anxiety, depression, and underlying traumas we call them aces adverse childhood events. That is critical. Every pediatrician can screen screen for aces for depression and anxiety every pediatrician can do that. And then, refer for treatment for those underlying disorders you need to know who you can trust within your local mental health area of course.

But therapyfirst.org is phenomenal and I do send many physicians and parents there.

[Myles Lynch] Thank Schwartz, you. given Dr that we are talking about mental health and all of this, as he psychiatrist can you explain to me where you fit into the gender affirming care funnel? When are you looped into this process? And what's your role?
[Lauren Schwartz] First I'd like Absolutely. to start by saying thank you to everyone here for having us. And to be able to discuss this. And I know I only have a short period of time so I don't want to miss being able to say first and foremost as a psychiatrist that is in clinical practice every single day working with patients, that from a gender affirming perspective repeating a medical fallacy over and over louder and louder doesn't all of a sudden make it true. What you've already heard today and will continue to hear is this is life saving comments medically necessary comments evidence based, it's widely accepted in medical and mental health arenas as safe and effective and it absolutely is not.
So, as they psychiatrist I work with patients every single day, I prioritize seeing them doing a primary assessment, I look at the biopsychosocial model I talk about family issues and developmental challenges, are they going through things? Are there things in their past or their present or traumas that they have been through that have influenced things? I focus on health and wellness, we look together I'm looking for a differential diagnosis, I look for medical reasons, many times in psychiatry diagnostically I'm ruling out things that may be contributing to symptoms whether it's depression, anxiety, distress related to gender or otherwise, we talk about all of those things and then I talk with the patient about risk versus benefit.
And that's where if you don't take home anything else just realize that this is a very exceptional lized approach to treatment. From this affirmation perspective. That all of a sudden we ignore everything else, there's diagnostic overshadowing don't look at anxiety don't look at depression focus only on distress related to gender and then immediately funnel these patients into an extremely harmful medicalized pathway. That's not medicine. And there's no other area of medicine that we permanently alter bodies to better align with the person's current often underdeveloped especially when their kids sense of self. Or prefrontal cortices are frontal part of our brain isn't even fully developed until your mid 20s sometimes 25, 26, 27 years old.
So to think that a child can make a decision whether or not they should go through unhindered puberty that doesn't seem like a medical decision or conversation we should be having with anyone let alone a child. So when I think about what I do as a psychiatrist and I support mental health and wellness and well being of my patients throughout their entire lives, not just in that moment, my job is not to affirm quote unquote in that moment with the child thinks that they need or vulnerable young adult thinks that they need, my job is to sometimes hold reality when reality is really difficult and really painful.
And we have to walk through that and walk through it slowly, we don't rush to medicine. I think that's part of what has really driven this affirming model is that we have let go of evidence I realize that clinical psychiatrist an evidence based data and guidelines my own professional association the American psychiatric association published a book, gender affirming psychiatric care in 2023, I with several of my colleagues who are here today we wrote a letter and said how can you do this? This book says that puberty blockers are fully reversible and cross sex hormones you know they are generally safe.
And effective. And their life saving and their necessary and as a psychiatrist, the exceptional eyed psychiatry practices get out of our way. Let us provide harmful hormones at doses we've never prescribed before in children and young adults that leads them down a path for surgeries. Hath not medicine, that's not acceptable. No parent should have to bury their child ever. And we've heard from so many to day that have gone through horrible traumas because of what medicine is doing. Medicine and mental health we

are failing patients and families. And we have to do better. And I do hope that with the help of the FTC we can do that.
[APPLAUSE]
[Myles Lynch] follow Just up, one so quick you would say that it's you think it's aberrational how the best practices for healthcare are coming about and gender affirming care and are relative to other types of healthcare?
[Lauren Schwartz] that it's an you aberration have think the best practices are being developed for gender affirming care versus others? Absolutely. Yes, this is a
[Lauren Schwartz] remarkably again reset exceptional development of what we are calling best practices. And I think scrimenti was a wonderful example of it if you want to read amicus briefs, read the one that the American academy of pediatrics that included the American psychiatric association the American medical association, the American association of medical colleges, 24 organizations one included AA path, they were together on an amicus brief calling this critical medically necessary and evidence based care for gender dysphoria. That's false. Gets a lie. But they submitted it to the supreme court. So yes, I consider it horrific.
[Myles Lynch] And speaking doctor of best lapper practices is there a diagnostic process that you can use as a surgeon that tells you whether a patient should get gender affirming surgery with enough confidence to get informed consent?
[Patrick Lappert] Thank didn't you. imagine when I I started down this road that I'd ever be speaking to a federal agency about what's going on in the world what's going on in the world of medical care and treatment in the united states actually operates the medical system through the use of deceptive labeling and deceptive practices. Presents gender affirmation care as grounded in science and claims that gender discordance is frequently lethal if not treated with affirmation care it claims that gender affirmation care is life saving and claims that gender affirmation is life necessary and improves the life of self identified children.
It claims that affirmation care is founded inaccurate process of diagnosis, it claims that affirmation care is the standard of care and that all of this is based in unassailable body of scientific evidence, all of these claims are deceptive and are made in support of medical and surgical treatments that produce severe and lifelong harms and mislabels gender affirmation surgery as reconstructive rather than cosmetic and using that deceptive labelling to defraud private insurance programs as well as defrauding the finances of families well essentially medicalizing these young people for life. Virtually all of the publications of transgender treatment gender clinic websites are legal refer to the standard of care as the foundational document that serves as the scientific basis for gender affirmation including surgery.
This document was produced allegedly using the delphi consensus methodology that we spoke about earlier but when you look into it what you find one of the criteria for confidently done delphi assessment is that it's done by repeated voting processes that include members in that group outside of the organization that's doing the questioning that the repeated questioning is happening and the voting is happening anonymously and none of that is the case in the standards of care, all of the participants in the delphi methodology are members of the W path and we've also seen how that delphi process was further corrupted by the political influence exercised by the government.
There's no body of evidence to demonstrate the accuracy of diagnosis, there is no long term treatment efficacy that can support the labeling and the standard of care, the word standard of care is an intentional

mislabeling. Addressed to us in the level of scientific evidence above what we call level 3 and plastic surgery that is sufficient to guide clinical decision making and it's called a standard of care because to do otherwise is to risk harm to the child or to the patient. There is no body of evidence to call in that standard of care. Speaking of plastic surgeon I can tell you that this is no small distinction reconstructive surgery is surgery that aims at the restoration of form and function there's been lost due to trauma and surgical care and cancer infection gender in utero informing events, they can be objectively defined in these findings guide the surgical planning.

The restoration of form and function is the key, gender affirmation surgery is not based in any loss of form or function comments based in the emotional life of the patient. The motivation for surgery is emotional and subjective and the success or failure is measured using subjective test instruments like quality of life surveys. This is the very definition of cosmetic surgery. Gender affirmation surgery is caused? Surgery representing it as reconstructive surgery is active destructive labeling because it suggests evidence of medical necessity where there is no evidence of that claim comes such mislabeling is to lead patients and parents and to defraud insurance.

Proponents including W path make highly exaggerated claims concerning the lethality of gender dysphoria if it's not treated with gender affirming care it's something approaching 40% mortality by suicide, there is no sufficient scientific evidence in the world literature that can be cited to support that claim. The further claim without evidence to support it that affirmation care including surgery is life saving. That claim is used coercively as we've heard earlier to receive consent from parents it begins with the false claim concerning the risks and mislabels the surgery as having proven efficacy and saving lives. It obtains consent by the deliberate deceptive practice of the concealment of existing alternatives of care and their associative benefits.

The claim of efficacy itself is based in the intentionally deceptive concealment of high quality evidence to the contrary for example the most commonly performed affirmation surgery at present is chest masculinization in young women. In a 2019 scoping review of the world literature published by doctor told Strom A scoping review is level 3 evidence it's a systematic review of the literature in that he examined 849 papers in the world literature that examined gender affirmation chest surgery. And that's high quality evidence. That review reported that the state of the scientific support for gender affirmation breast surgery slow to very low meaning that there is no basis for offering such surgery as a treatment option for gender discordance to offers that surgery without offering other options to parents and patients is an active deception as the concealment of facts that patients and parents have a right to know if they are going to give consent for surgery.

The W path document in this chapter on surgery further deceives by suggesting that affirmation surgery is effective because such surgeries begin with a proper patient selection. That's in the first paragraph in the chapter on surgery. This is an intentional deception the transgender treatment industry has no process or test instrument that can be deployed to confirm the diagnosis of gender discord. There's no process by which the patients are selected for surgery versus not surgery. There's no testing process that stratifies either the risk or benefit there isn't even a common language of description for either the condition or its treatment as doctor tolstrup demonstrated.

In a scoping review. There's no patient selection the patient typically distressed child makes the diagnosis. On the other hand there is another large consistent body showing us the gender affirmation surgery is very harmful to young people. Chest masculinization surgery that we've been discussing in the

permanent loss of two human capacity young women lose the ability to breastfeed 100% of the time. Young women completely lose erotic sensation from the area due to the severing of the fourth in a coastal nerve nearly 100% of the time period neither the capacity for breastfeeding nor neurotic sensibility can be restored.

In the case of genital surgery. There is the loss of reproductive capacity as well as the degradation of not complete loss of erotic sensibility there's also the additional risk of urinary blockage, urinary leakage, incontinence, the risk of fistula formation resulting in fecal leakage through the counterfeit vagina, chronic wounds the need for surgery to correct these physician these conditions and the marketed Bly risk of cancer caused by such as patients receiving high sex dose hormones. These are only based in low to very low quality evidence then by definition these surgeries must be labeled as experimental surgeries. The failure to label it as such is itself an act of deceptive labeling. Furthermore experimental surgery that involves the high likelihood of loss of function described above can only be offered under stringent protocols that govern human experimentation such experimentation can never be done on children given that it has never been proven to be life saving in fact this is not even proven simple efficacy. Gender advocates will often make the claim that breast and genital surgery on gender confused minors is rare and should therefore not be a matter of national policy. The best estimate that I can make for your present is that over the last 15 years approximately 4000 miners have undergone gender affirmation surgery in America the most common surgery being chest masculinization of young women that number does not account for what may be the considerable number of minors that have gone surgery private fee for surgery whose records are privately held and therefore underreported it's also due to the known practice and this was discussed earlier the known practice of mislabeling and miscoding these surgical procedures such as mislabeling bilateral mastectomy in a natal female and calling it gynecomastia ectomy.

And operation commonly done in males to correct for the presence of breast glandular tissue. May justify this deceptive practice by claiming that these women are actually men. There is deception in the consent process and this to your question that I alluded to earlier by misrepresenting both risk and benefit by failing to offer alternatives of care. By using the false claim of extreme risk of suicide and obtaining success consent under duress by failing to disclose the experimental nature of the surgery and failing to provide ethical oversight in such experimentation all of that renders consent utterly meaningless. Furthermore the consent process overlooks this startling fact that a person suffering from suicidal ideation is by definition considered legally incompetent to give consent or in the case of a minor to give assent. To summarize gender affirmation surgery is not supported

[APPLAUSE] by any high quality scientific evidence it is not based in any reliable diagnostic process, there is no test instrument that can be used to stratify risk or select patients for surgery or predict the likelihood of any outcome. The harms are very evident and lifelong whereas the benefit has not been demonstrated. It is a product that is deceptively labeled as reconstructive when in fact these are cosmetic operations that in the case of breast and genital surgery begin with the intentional utilization of the patient. Cosmetic operations that consistently mutilate patients are perhaps the most striking example of malpractice that I can think of.

All of these deceptive practices and mislabeling in addition to causing irreparable harm to people ultimately defraud families and insurance providers for financial gain. Thank you.

[Myles Lynch] Laufer. Thank And, you thank doctor you

[APPLAUSE] for all of those specific examples demonstrating how these practices ignore patient harm. Does anybody else in the panel have specific examples of gender affirming care practices actively ignoring patient harm.
[>>] If I could jump in real quick I think one thing that's been pointed out over and over again is this is a model of care that's overselling benefits and remarkably underreporting harms. My colleagues and I we published a paper about a month ago we looked over 50 peer reviewed studies available to anyone providing gender affirming care these practitioners come with these providers they are fully aware, we looked at all of the harms, this is not something that's hidden, it's peer reviewed comments published, it's been available it's still is we've just compiled over 50 studies that looked at the harms.
And this is just under 1 area of estrogen used in natal males. Please understand that they're asking us to ignore the harms they're asking patients and parents to ignore horrible outcomes at the expense of children's lives.
[>>] I think just to tag on that the same thing that's in the paper that takes your doctor Thompson and I published the data is there I mean we just went looking for it we found that there was zero young men that were offered testicular cryopreservation and went on to have a child. So it's not like we went on to discover something that was new or novel, and I think I would just underscore the fact that I don't want us to take the cast review and just remember that one little point where she recommends this and I think that's because she is unaware of the data which is out there.
Thank you.
[Myles Lynch] And obviously this Thank event is focused you on gender both. affirming care for minors, I was wondering if anybody could weigh in on what exactly makes it different for minors than it would for a gender dysphoric adult? Is there anything particularly about children? The vulnerabilities that they have that make this especially problematic? You know I think it's their vulnerability. Their vulnerabilities that's why
[Dr. Michelle Cretella] miners have laws that normally protect minors because children are not little adults, adults have we have higher cognitive development and function, we have lived a longer life, we've had greater experiences and can better assess risk and benefit, even adults of course cannot offer informed consent if they are being fed lies. Right? So whereas we are focused here on protecting minors and being more maybe paternalistic because we recognize that children and adolescents have underdeveloped judgment centers of their brain and have lived shorter lives, every adult requires and has a right to the true facts in order to give informed consent, and I think those of us who have spoken and will speak, we are often defamed and ohh, why should we believe you versus the AMA or the AP, and I think it comes down to three things.
Follow the science, follow the money, and follow your heart. Science proved long ago that sex is determined by genes alone and there are only two. No one is born in the wrong body. What we are dealing with in this population of miners who are seeking so-called gender affirming care, science has also revealed that they are the most vulnerable of the vulnerable. We are dealing with children who have on average one study found on average 5 traumas in their childhood. They have untreated psychiatric disease, they may be on the autism spectrum, they may have ADHD. Many are experiencing LGBT attractions so let's follow the science.
Gets vulnerable population, follow the money, a and a PA cog APA's, they are heavily funded by big pharma. This is a cash cow for big pharma and for all of those big pharma funds, those of us who speak

to day we are not getting paid to be here. It's quite the opposite. We put our reputations and our livelihoods on the line. Follow your hearts. You've got to ask yourselves is it loving? For big medicine to offer your daughter? Your sister? Your LGBT child? Your ADHD child? Mutilation. Castration. Diseasing. And sterilization. Is that loving? I call
[APPLAUSE] it criminal. My profession used to call it
[Dr. Michelle Cretella] eugenics. That's where we are. And that's what we have to get out.
[Myles Lynch] want to
[APPLAUSE] give Jennifer one last remark? do Her you did she cover at? Alright well, thank you all. I think now it is time for lunch. So thank you.
[APPLAUSE]
[>>] We will return at 1:30.
[>>] Welcome back. If everyone could have a seat as we are coming back from lunch. Just wanted to come up from the last panel, thank our experts for such an informative panel. Appreciate folks making the trip to Washington to share with the federal trade commission today. Now we will have remarks from commissioner Holyoak. She couldn't be here today. She's at a family reunion combined with her mother's 80th birthday. But this is an issue she cares deeply about. Please watch this video from commissioner Holyoak.
[Melissa Holyoak] (no audio) staff who are contributing to today's workshop. (inaudible) they do not necessarily reflect the views of the commission or any other commissioner. Right after I gave birth to my second daughter, it became immediately apparent that she was very ill. There had been no indication during my pregnancy that she had any medical problems, so we, like other unfortunate parents, experience the trauma of having our newborn whisked away unexpectedly to NICU. My husband and I learned part of our her heart was swollen and she was suffering from persistent pulmonary hypertension. It was one of the most frightening and trying periods we experienced.
This was not the way it was supposed to be and this is not what I envisioned and dreamed of for nine months. I had never felt so helpless in my life as I watched her fight for her life over the coming days. During that time, we relied on the doctors to provide us complete and truthful in information, as we made medical decisions to treat my daughter. Thankfully, my daughter recovered. She is now a healthy 16 year old who has blessed our lives in countless ways. We cannot imagine our family without her. My heart is with those parents who have had similar experiences.
Faced with watching their children suffer from illness, injury or disease. I empathize in particular for parents whose children experience mental health challenges. Treatments are often complex and may involve a combination of psychotherapy, medication and other therapies. Whatever health problem a child may be experiencing, it is critical that medical professionals provide parents with complete and truthful information in order for parents to make those difficult medical decisions. Today, the commission is exploring whether to address unfair and deceptive practices and what is sometimes called gender affirming care for minors. Recent reports estimate 1.6 million americans over the age of 13 identify as transgender.
Some transgender individuals suffer from gender dysphoria, a medical condition characterized by persistent clinically significant distress resulting from an incongruence between gender identity and biological sex. Left untreated, gender dysphoria it may result in severe physical and psychological harms. While some have questioned the FTC's roll here, there are three principal reasons why it should use its

authority to combat unfair or deceptive practices related to gender affirming care. First, the FTC has a strong history of enforcement actions against unfair and deceptive healthcare related claims. In December of 2022 the FTC published a health products compliance guidance, which notes that since 1998, the commission has settled or adjudicated more than 200 cases involving false or misleading advertising claims about the benefits or safety of dietary supplements or other health related products. For enforcement purposes, the advertisement of reported health benefits may be accomplished through a variety of techniques including by medical practitioners. The guidance further explains that health that claims about the health benefits or claims about drug supplements or other products require substantiation in the form of confidence and reliable scientific evidence. Importantly, such substantiation cannot be based solely on a medical practitioners experience. A practitioners observation about the effect of a health product on patients is anecdotal and doesn't provide evidence of a causal relationship. Nor can substantiation be based on advisories from a medical organization, because those are based on best currently available evidence rather than a causal link between the recommended course of action and the health benefit.

Further, the guidance instructs that a claim can be misleading if it fails to inform about significant safety concerns. Simply put, it is black letter law that misleading and unfair health related claims can violate section 5. It is increasingly clear that there are serious questions about the risks and reported benefits of medical transition treatments for children with gender dysphoria. Justice Thomas describes the risk in the US supreme court's recent decision, united states first grumeti, which revolved a challenge to tennessees law resisting treatments for minors PMI for example, there are significant safety risk related to the use of puberty blockers.

Using puberty blockers to suppress normal puberty has multiple organ system affects whose long term consequences have not been investigated. Such use may lead to decreased bone density and impacts on brain development. It also remains unclear whether patients ever develop normal levels of fertility if puberty blockers are terminated after a prolonged delay of puberty. There are also significant safety risk related to cross sex hormone treatments, which involve very high doses of hormones of the opposite sex. For girls, the treatments can cause increased cardiovascular risk, irreversible changes to vocal cords, atrophy of the lining of the uterus and vagina and ovarian and breast cancer.

For boys, cross sex hormones can cause increased cardiovascular risk, breast cancer as well as sexual dysfunction take. And for girls and boys alike, it is generally accepted, even by advocates of transgender hormone therapy, that hormonal treatment impairs fertility which may be irreversible. The assorted health benefits for treatments for transgender adolescents include the reduction of anxiety, depression and risk of suicide. Yet just last week, an article in the Atlantic discussed how these benefits have been presented to parents, reporting that a physician in Los Angeles explained, we often ask parents, would you rather have a dead son than alive daughter?

Similar reports in the new York times indicate that parents were presented with this choice, which felt like emotional blackmail. But as the Atlantic article reveals, the question medical providers have post appearance did not present a truthful representation of the consequences of gender affirming treatment. When justice alito asked his oral argument in the case about suicide rates, the ACLU lawyer confirmed there was no evidence to support the idea that medical transition reduces adolescent suicide rates. Indeed, in 2024 the united kingdom's national health service commissioned an independent review of the use of puberty blockers and sex hormones to treat children with gender dysphoria.

This review found a lack of evidence to support the conclusion that hormone treatment reduces the elevated risk of death by suicide. Parents deserve and the law demands complete and truthful information regarding the grave health risks of transition treatments for minors as well as complete and truthful information regarding health benefits that are actually substantiated. After weighing the risks and benefits, more than 20 states had enacted laws banning 6 transition treatments for minors. And affirming the Tennessee law, the US supreme court acknowledged the fierce, scientific policy debates about the safety, efficacy and proprietary treatments of this evolving field, that the courts role wasn't to judge the wisdom of the lobby for it but only to ensure that it did not violate the equal protection guarantee of the 14th amendment.

Similarly, the FTC plays an important but limited role in this area. The FTC does not regulate the practice of medicine. The FTC cannot make policy decisions limiting sex transition treatments for minors. What the FTC can and should do is protect children from deceptive statements regarding such treatments. The FTC has previously enforced and will continue to enforce against deceptive representations made by medical practitioners, including claims of connection for treatments for transgender children. Second, reviewing claims of health benefits for transgender minors is particularly important given the significant and evolving changes and protocols for treating gender dysphoria. In that schematic case, the supreme court detailed these evolving cases in guidelines.

The world professional association for transgender health published one of the first set of guidelines in 1979 where it advised that hormone and surgical treatment should only be provided to adults. It later changed that recommendation in 1998 for hormone treatment to minors in rare circumstances. WPATH relaxed its guidelines for minors in 2022 to allow puberty blockers, hormone treatments and surgical procedures at the onset of puberty while still recognizing that our understanding of gender identity development in adolescence is continuing to evolve. Importantly, WPATH's changes don't necessarily reflect widely accepted practices. In fact, recent changes across the world so there are no widely accepted practices but instead, drastically evolving standards in this area.

After the UK's national health service published its 2024 reports, England enacted prohibitions on the administration of puberty walkers to new pages patients under the age of 18 outside of research settings and instituted a process for reviewing referrals for hormones for adolescents under the age of 16. England is not alone. Finland, Norway and Sweden have also raised concerns about using puberty blockers or hormone treatments on juveniles with gender dysphoria and have limited such treatments in some cases by allowing them to go forward only in a research setting. In Australia, after the state of queensland's placed age restrictions on puberty blockers and hormones, the Australian government began developing new clinical practice guidelines.

Review of these clinical guidelines conclude, and as the Atlantic article described, the fairest thing to say about the evidence surrounding medical transition for adolescence is that it is weak and inconclusive. While relevant legal precedent already recognizes that advisor guidelines cannot serve as a basis for substantiation, what these evolving guidelines emphasize is that the risks and benefits of transition treatments for minors are nowhere settled and any definitive claims or statements should be carefully examined. Finally, the FTC should prioritize enforcement against unfair deceptive practices, especially when there's potential for serious harm to children. As previously mentioned, these treatments result in increased risk of cancer, infertility and sexual dysfunction, decreased cognitive development as well as irreversible physical changes.

Given the very serious safety risks, potential for permanent harm and the inconclusive evidence of health benefits, it's appropriate for the commission to ensure that parents are receiving accurate information. We will continue to prioritize enforcement that protects the most vulnerable among us, especially our children.
A recent op Ed in the Washington post said the quiet part out loud. There, MIT professor Alex Byrne discussed his participation in a review of gender dysphoria treatments published by the united states department of health and human services. He explained, I am hardly a fan of the current administration. I have never voted republican and as an academic from Cambridge, Massachusetts, I hold many of the liberal beliefs of my tribe.
That includes support for the right of transgender people to live free from discrimination and prejudice. Butt, as he explained, medicalized treatment for pediatric gender dysphoria needs to be dispassionately discretized, like any other area of medicine, no matter which side of the aisle is cheering it on. From the opposite side of the aisle, I agree that we should work together to scrutinize and ensure complete and truthful information about the risks and purported benefits of medical transition treatments. We owe this to our children. Thank you.
[applause]
[Chad Mizelle] Thank you, commissioner. Let's take a moment here to thank the wonderful FTC event staff for putting on an absolutely incredible workshop.
[applause]
[Chad Mizelle] We had about 200 people here today and hundreds more listening online, so really a wonderful thing. Also, I want to thank the security staff as well for keeping us safe here today.
[applause] alright, so now we have Chad Mizelle with the department of justice chief of staff and I'd like to welcome Chad to the stage.
[applause] Thank you
[Chad Mizelle] all very much. Thanks for being here and thanks for giving attention to this very important issue. I would like to start by thanking, first of all, president Trump who has given me the honor of being able to serve you all, being able to serve the American people and especially I want to give a shout out and thanks to my boss, the very tough Pam bondi, who I think is doing an incredible job at DOJ. Well deserved. She is doing such a great job and she's particularly tough on these issues. She was a career prosecutor 16 years and state attorney general for eight years and this is her passion and this is something she feels very strongly about.
I'm happy to be here to announce some of the things that DOJ is doing on that front. There's a basic principle of law. You cannot deceive consumers. You cannot lie to them to get them to buy your products, use your services and you cannot commit fraud. This is true in providing medical services but also more generally. There's no doubt in my mind, based not only on what we heard here today but just looking around with their own eyes, that the industry that is formed around providing gender affirming care in transitioning services for children has perpetuated one of the greatest frauds on the American public.
[applause]
[Chad Mizelle] And that is especially true with respect to our vulnerable children and their parents. One of the most important tasks of government is to prevent this fraud from continuing and to remedy the consequences of this fraud in recent years. The FTC has a very broad mandate and a competition consumer protection specifically with powerful investigative tools attached. It's well positioned to tackle

this issue and I'd like to thank all the commissioners, in particular my dear friend chairman Ferguson, for the great work he's doing on this front. The DOJ has numerous civil and criminal tools to root out fraud. We are focusing these tools on everyone involved in the multi billion dollar industry of harming our kids. I want to point out a couple things we are doing. First, with respect to civil and criminal fraud -- although the exact details of the targets of our investigation are not yet public, we have issued nearly 20 subpoenas against clinics you are engaged in transition related investigations.
[applause]
[Chad Mizelle] Thank you. We're investigating violations such as healthcare fraud, false statements, all which could result in either civil or criminal liability for these clinics. We also investigations into hospitals and other providers related to fraudulent billing, false claims under Medicaid fraud in the false claims act. We are going after false and deceptive claims by nonprofits and medical associations that have provided false, deceptive or scientifically dubious assertions about transition related medical interventions. Allegedly as cover for the clinics and the hospitals to be able to do what they are doing? And finally we have issued subpoenas to major manufacturers of the drugs used in trans related medical interventions for possible violations of drug marketing laws and the food and drug cosmetic act.
We have prepared draft legislation and we are working with congress on existing criminal laws related to female gender mutilation to more robustly protect children from the chemical and surgical mutilation.
[applause]
[Chad Mizelle] And continuing we are to work with congress about enhancing the ability of injured parties to seek remedies, to get recourse, because as you all know, that's important. The way you will take down this multibillion dollar industry is for people to speak out, which is exactly what we are about to hear. We are using all of the tools at the department of justice to address this issue. Before I introduce, I wanted to give a shout out to. If you are somebody who has been harmed in this industry, let us know. If you are a parent or a child, if you are somebody who has lied to, deceived, told a particular pill might irreversible when we all know it's not actually reversible, we want to know.
That will help us in all our investigations, not just on the civil side but on the criminal side. Please, come forward, talk to us. We have DOJ representatives and I think here at the conference some of them spoke. Obviously I'm going to be here, if you have any questions about how to get a hold of us you can reach out to any of the FTC staff who we work very closely with. Please continue to reach out to us. Now we will move to a very important conversation with parents and survivors. Earlier, chairman Ferguson had the opportunity to hear about the personal experiences from Claire Abernathy, Kayla lovedoll, Simon price and Gareth Amaya price, and the truly heartbreaking story of avira Syed about the tragic loss of her daughter.
There are too many of these stories. Please join me as we welcome to the stage Prisha Mosley, Soren Aldaco, Beth Bourne, Forrest Smith, Helen Spiegel Lee, and Gwen Turecki. We are going to invite these individuals to the stage. I won't introduce them all beforehand because as part of this, you will see they are actually going to be introducing themselves and giving some of their stories as well.
[applause]
[Chad Mizelle] Thank you. Great. To get started I would just like to jump into it. There's not much I can say that wouldn't detract from the personal experiences that you guys have had and so just start off, I would love to give you the floor.

[Prisha Mosley] Hello. OK. Thank you very much for having us and for listening to our stories. My name is Prisha. I'm a 27 year old transitioner and mother and victim of medical fraud and abuse. When I was a teenager my doctors lied to me and as a result I was medically harmed and defrauded. I was a struggling girl suffering with mental illnesses and multiple, bodies including panic attacks, depression and borderline personality disorder. I experienced a sexual assault as a minor which made me fear being a woman. I learned about trans online on tumblr and felt identified with what I read online.

I hated myself and couldn't eat and I struggled to look at my body and I self harmed. This must mean that I was trans. When I brought this to my nutritionist who was treating me for anorexia, I was introduced to a pediatric endocrinologist who agreed that I had been born in the wrong body and needed medicalization. I was 16 years old and my body was perfectly healthy. No one cared I had trauma associated with being female or that I hated my body and had delusions about how it looks. As soon as I said the word trans, all medical ethics went out of the window.

I was convinced by the endocrinologist that I had a medical condition? I was led to believe I had a male brain trapped in a female body and that this incongruence would ultimately lead to my death by suicide. I was told it was a form of intersex, it was under the guise of these lies that I was referred to a woman for a letter of recommendation to begin testosterone injections. After suing her for fraud, I discovered she was not even licensed as a doctor or a therapist. She was simply a woman who decided that my healthy female body was wrong.

In the letter she wrote for me, she did not mention that I was unable to eat often for days in a row or that I was on a number of psychiatric medications. Instead, she affirmed that I was born in the wrong body and needed to be administered wrong sex hormones in order to stop my mental suffering and continue living. She asked my parents if they would rather have a dead daughter or a living son. I believed I would die without transition. Medicaid was billed to cover my injections under endocrine disorder unspecified, even though nothing was wrong with my endocrine system.

Now my healthy functioning has been taken and I cannot regulate my own hormones. Testosterone didn't improve my mental state but worsened it. I was put on more psychiatric medication and given muscle relaxers to deal. No one told me that testosterone was the cause of the cyst on my ovaries. I was told when I complained about pain that I was going through male puberty, which is something a teenage girl cannot do. My body was falling apart and my doctor's gas let me and told me it was good. Testosterone mutilated my genitals before I could legally consent to sex as an adult. I was lied to about the effects and I suffer with atrophy and disfigurement and pain.

I have never had sex as an adult with normal healthy vagina. Didn't understand what was being taken away from me when I gave consent to. I was too young and I was not being given accurate medical information. My consent was stolen. A year after starting testosterone, I was led to believe by activists and my doctors that I needed to remove my healthy breast. I was told they were causing my continuing mental distress and that I would feel relief when my body was modified. No mental illness can be cleared cured by cosmetic surgery. I suffer complications as a result of giving birth.

Papers I signed that I may have trouble breastfeeding, concealing the reality that my chest is surgically sealed shut. My nipples were grafted and reattached in the wrong spot and now they are just decorative. I was unable to breastfeed my baby. The milk duck came in came like I had no idea I had breast tissue left inside of me or that this was possible. It was the worst pain and heartbreak I have ever felt. I wanted to

die. It is impossible to change sex, but I was led by my doctor's -- led to believe by my doctors not only that I could but that I needed to do so to live.
No mental illness or mental suffering can be relieved by making cosmetic changes to the secondary sex characteristics but this is the treatment that my doctors offered me and no alternative. I was never given any other option. My doctor's never used real medical terminology. They tricked me using euphemisms like top surgery and with pseudoscience like the gender bread man. I believed I needed drugs and surgery despite the fact my body was healthy and I just hated myself. My doctor's defrauded me. I'm not alone. No human changes sex or is benefited by the purposeful disruption of their endocrine system or their removal of their healthy body parts.
[applause] Thank you so
[Chad Mizelle] much for that. I don't want to part too much come up but can I ask your child's name?
[Prisha Mosley] I his cannot share name because I actually got threats on my children for the fact that I showed up here today to do this. Wow. I'm so sorry.
[Chad Mizelle] Thank you for sharing that. Soren? First, I want to say I love
[Soren Aldaco] Prisha. I'm Soren Aldaco. a 23 year I'm old woman from Texas born and raised in the suburbs between Dallas and fort worth but I live in Austin where I just graduated with my bachelor's degree and I now study how the internet is influencing identity formation. Thank you. With that, I speak on behalf of myself today as someone who began transitioning socially at age 11, was on the internet chronically online like a lot of people my age were and are, and that's where I was first, like I said, exposed to the idea that I could be born in the wrong body and that surgically and medically altering my body might be a good fix for my mental health conditions or my discomfort generally with the body which was changing, which is pretty normal for puberty.
But that was mostly a role play identity, something that I used as a framework for developing a sense of self, until age 15 when I met my biological father for the first time. I went inpatient and had a mental break, as I'm sure many people would have meaning their biological father through Facebook for the first time. While inpatient, the doctor picked up on the fact that I found my chest and went by a different name than what was on my record. Keep pushed me until I told him, finally, after he had fished for the idea that some people don't identify with their body parts down there and eventually pushed me until I came out as trans to him and then called home and told my family that that was the root cause of all my problems. No credence to the fact that I just met my biological father or that I had a strained relationship with my stepfather who helped raise me but who is pretty profoundly disabled. From there I started to internalize the idea that medical transition might be a path forward for resolving the distress that seems never ending. And so I began attending a support group in the DFW area. There were several groups in that area run by the same organization, transcendence international. It was at that group I met a nurse practitioner who had a transgender adult child and was furnishing hormones to pretty much anyone who came and saw him.
After one appointment at age 17, without ever meeting my real parents or verifying that the adults who took me were my parents, which they weren't, he prescribed testosterone. Key facilitated me to lie about my sex on my government documents, such as my license, and I could have got it by birth certificate changed as well if I'd wanted to. And referred me to specialists anytime I would have a complication pop up. If I'd vaginal atrophy, it was the gynecologist who was quick to offer me a hysterectomy? If it was

dizziness and headaches and joint pain, it was a rheumatologist or neurologist or cardiologist or orthopedist.
I saw all of those at age 16, 17, 18, 19. And so he too also used endocrine disorder not otherwise specified I believe it was called to get these covered by my private insurer. Worse than that, that medicalization, which happened right before the onset of COVID in January of 2020, led me to begin to explore in that pandemic walk down the idea of amputating my breast as a form of treatment for the stress and distress that the hormones didn't actually absolve, because they weren't actually treating so much as they were adding on to the list of problems I was already experiencing.
At that point I had seen a therapist who had an ex trans spouse and she helped write a totally fraudulent letter and by fraudulent I mean full of things that weren't true, such as my client has lived as a man for the last 12 years, which is someone born female and will die female, I have not, but that's especially true during COVID when there's no opportunity to go in the public to live life as a normal person or adult let alone the opposite sex. She ignored the history of sexual assault I disclosed from her or disclosed to her and after I stopped seeing her I ghosted her.
She did not revoke that letter but she did terminate my status as her client. From there I saw the crane clinic in Austin, which I strongly advise -- they moved from California to Texas because of taxes, taxes towards reform laws make it extremely difficult to sue them for medical malpractice. They told me they could get my surgery covered in network despite being out of network, so they had a 90% success rate until may alongside wasting all the complications I could experience if they had never really had complications like that and I would later find out after experience complications, that was because they dosed clients who had complications.
They told me nothing was wrong with me on three separate occasions until I ended up in the hospital. When I asked, what will you do to prevent this from happening in the future, they stopped responding to me after trying to get me to sign a non disparaging agreement and giving me $400.00, which I did not take because I wasn't going to sign the NDA.
[applause]
[Soren Aldaco] through I lines think of the my story main were ideological ties, that center caters specifically to transgender patients and had a lot of really affirming imagery and people laughing and feeling good like those drug commercials I'm sure you guys have seen. There was no differential diagnosis, no exploration of the root cause or interest into why I was feeling the way I was feeling, and there seemed to be this common thread with supporting the whole person rather than what their expertise was in their specialty as doctors, not activists. It was like putting diesel in a gas engine for me.
I was never given the insight that I was altering A fundamental process in my body, my endocrine system, and although I was on 14 medications when I did transitioned in 2022, I am now on 2 for Hashimoto's autoimmune thyroid disorder that I think I may have obtained from the testosterone.
[applause]
[Chad Mizelle] Thank you. can If ask, I you mentioned what you are currently studying. It does seem as you continue research on this that the link between access to social media and a lot of the stories we are hearing and transitioning. Are you seeing that as part of your research as well as you're going through that?
[Soren interested Aldaco] in that, I'm in particular really I think kids use frameworks to understand how to move through the world and that's why it's important they have parents who love them to show them what

kind of adult they can become. And when the internet is doing the parenting, which I don't think often is totally the fault of the parents. You didn't grow up with that and you didn't see the consequences until our generation has suffered them. I think it can be easy to slip into online groups that tell you who you are instead of letting you explore it in an embodied way in the real world through all of your senses and not just this audio visual matrix that is social media and the internet.
[applause]
[Chad Mizelle] much. Thank Beth? you so Hi. My name is Beth and my
[Beth Bourne] ex husband and I got a divorce when our children were young. My daughter was an excellent student. She loved gymnastics, math and reading. She was also creative, sensitive and sympathetic. At the end of 6th grade my daughter suffered trauma and she became withdrawn. 7th grade she was placed in an honors class with other gifted students. Some of these students were trans identified girls. This was 2018 when the teachers and counselors we're being trained by the California teachers union union on ways to support the LGBT and transgender students in 8th grade my daughter seemed to be seeing a private psychiatrist to help with anxiety and serious self harm.
At 13, my daughter came out in a letter to her father and me as transgender. Within a few days we received an email from her school counselor saying our daughter had asked the school to change her name and pronounce, that councillor also put in place a gender support plan that was not disclosed to her father or to me. When my daughter was 14 she began experiencing dizziness pills and so we took her to Kaiser Permanente Davis to meet with the pediatrician on duty. This is a pediatrician that had never seen her daughter before. My ex husband in the exam room referred to my daughter with her new male name and male pronounce.
In an excited tone, the doctor asked my daughter if she would like to have her medical records changed to reflect her new name and male pronounce. This was the first visit. They then recommended we take our daughter to the Kaiser proud clinic, a pediatric gender clinic in Oakland, where she could meet -- it was a one stop shop. She could meet with endocrinologist and OBGYN and gender specialist. The next day I called this pediatrician and said, you had no right to suggest to my daughter that she seek medical interventions at a gender clinic. We were just there for a wellness visit.
I asked the doctor, what would you do with someone my daughter's age if she said she wanted to change into the opposite sex? She said we refer them to Kaiser Roseville endocrinologist. When I spoke to the endocrinologist and I asked him, what would you recommend for someone my daughter's age we wanted to become a trans man? He said they would go to the Kaiser gender specialist and talk to them about puberty blockers and hormones. When I said could she talk double Dutch would you talk with our private psychiatrist, he said no, we prefer to keep all treatment within the Kaiser system.
When I voiced my concerns to the pediatrician and the endocrinologist about what was happening, the endocrinologist said, this is an emerging field? This is an emerging field. Quotes, we don't know the long term medical effects but with any medical treatments there are benefits and risks. So I asked him what the benefits would be and he said quote, it has been shown that use have a lower risk of suicide and lust suicide ideation if they are offered medical treatment. He also said that quote, useful feel better on hormones and that they can stop their periods and give them the physical traits of the opposite sex.
And the endocrinologist of course referred me to as the leader in WPATH this field and the endocrine society and also recommended I talk to gender spectrum, which is one of these groups that encourages parents and families to transition their kids. Fortunately, my daughter psychiatrist was willing to have a

counseling session with my ex, daughter and meet in the same room and she explained, because I asked her to, the risks of medicalizing with blockers and hormones. This includes brain developments, delayed brain development and loss of --. We agree -- when my daughter was 14 -- that she wouldn't do anything medical until she was 18.
I realized later how fortunate we were that we were able to send my daughter to a private psychiatrist to seek dialectical behavioral therapy outside DBT, of Kaiser, and keep her away from the Kaiser gender clinic. My daughter desisted from her trans identity four years later in her senior year of high school? She is now on her third year of college and doing great. I cannot imagine what would have happened if my daughter was 14 if we had taken her to that Kaiser proud clinic in Oakland. The doctors and Davis, the endocrinologists are all captured by this idea and they were disingenuous when they were telling us that it would decrease her risk of suicide or suicide ideation.
[applause]
[Chad Mizelle] Thank you, Beth.
[Forrest Smith] a Forrest? I second want and to take thank everybody. I am from a little bit of an older generation of transitioner, right on the cusp. My transition was from 2015 to 2020. I'm also -- I'm a male so one of the things I think has been happening in our conversations about transgender in general as we clump the men and the women together, but there's some interesting patterns I think between the two different groups. I don't know if anybody is familiar with ray planter, one of the original sexologists who talked about this. I saw him responding to an interview about ROGD, onset gender dysphoria.
rapid Angels we see a lot and when of he saw ROGD the boys, he tends to see it doesn't come about overnight, that it tends to be something they have been brewing about for a longer time and I would certainly say that's true in my story. I am up here and this is for my nurse, protecting minors. I began my transition at the age of 20. I didn't fall into that bracket of miners. I still believe young men and young people are vulnerable. A lot of times they are caring something they may have been carrying since they were a child.
In my case, when I sat down recently and gone to the depths of my soul and my heart about this, writing my memoir, where does this begin, I go back to the first time I remember my parents leaving me alone with my sister at my grandma's house and I just had this thought, this isn't my family. I was a child. They left me. That feeling, I remember that feeling. For the rest of my young adult life, whenever I would feel I didn't belong somewhere, those were the words I would remember. I was brewing on something that happened when I was a small child.
You mix into that dysfunction in the home, sexual abuse, grooming online, pornography. And then you've got a pretty tenacious identity by the time somebody is 16 or 18 years old. I think it is good as a culture that we are talking about this the way that we are now. When I think about the young man that I was, I seemed to have been really set on a track and if transgenderism wasn't what it is today, I still probably would have had issues. But as the situation is today, I ended up in the same pipeline that everybody, all the other speakers ended up in and so we've heard a lot about that.
I don't necessarily -- I can't share about those details but I will stop there. Any questions? You know, if you're comfortable sharing, I'd
[Chad Mizelle] love to hear a little bit more about the detransition process. What was going through your mind then and -- what may be prodded you to say I need to make a change?

[Forrest Smith] also to This the goes transition. I back was briefly homeless for two months at the beginning of my transition and during that time I became enrolled in the homeless youth continuum in Portland. It's an entire -- my entire lifestyle was supported through this vast network of nonprofit organizations. Some are private and some are very good at -- very noble organizations. I was able to live a really nice living high on the hog lifestyle, and the homeless youth continuum. As a transgender woman I became an icon. But I aged out at 24. You age out and suddenly all of those opportunities are gone. My transition, I was also putting off the decisions about surgery for those two years I was totally housed and the medical surgeries happened at the end when I losted my housing. Which is an irony and part of the oversight of the medical system is the surgeries were solicited by social workers -- they were around me and some of those housings and I wasn't around -- I wasn't paying attention but there were dead transitioners dropping like flies. I went into a crisis as I lost my housing. That crisis is part of what ended up bringing me back around to do transition.

I caught COVID and I totally lost my housing in Portland and went back to live with my parents. That forced me to look at my family dysfunction, to look at my family and realize there's problems but it's not as bad as I thought. I can live with them. It forced me to confront things from my past but there was also a lot of isolation during that period. I kind of cut off the trans people around me. There was still a lot of difficulty in receiving any kind of care. I had some counselors suggest that I was still feeling dysphoric because I hadn't had a full vaginoplasty.

I had an orchiectomy and I had the breast implants. I was operated on and that regret is part of what shocked me out of it because it wasn't what I had intended going into transition. I hadn't thought that far ahead. It was gradual. I have daily journals from that period and it took months to unwork -- first, I acknowledge that I regretted it and then I acknowledge that I regretted it before I believed that I was a man. I still thought I was a transfeminine person. I had to unwork layers and layers. It took years of therapy.

I found a forensic psychologist that was a specialist in men's sexual issues and that was a smart move. It took years and years to get back into the workforce, to bond with my family. I mentioned writing journals but I had a beautiful moment with my grandparents. I thankfully was able to reconnect with my grandparents in the last year of their life. Both passed within a year. I had a beautiful moment on the farm where I had this very clear thought, actually, this is my family. That's my grandpa. That's my grandma. The detransition, it has been five years now.

It takes a lot to rebuild your whole life. It's not just the medical damage. It is a much deeper social damage and a damage to your whole sense of being. You build a whole life. You build all your papers, everything. It's a real deep hole. Thank you. Thank you for sharing.

[applause]

[Chad Mizelle] Helen?

[Helen Thank Spiegel you. Lee] So I'm Hello. going to read my statement because I'm not great at this. So when my son was three years old, my ex wife with the help of medical and school professionals, put him firmly on the transgender path. In the fall of 2014, my son's preschool teacher informed me that my son wanted she pronounce. This happened only one month after the traumatic dissolution of my marriage. At that time I had joint custody and it became a constant battle. I shared with everyone that my son didn't express any of these preferences to me.

I wondered if he was trying to gain more attention and if she was using gender to split his loyalties. None of this seemed authentic. Every time I posed reasonable questions and expressed curiosity or doubt, I was looked upon with suspicion. Overnight, I became the dreaded non supportive parent. At the same time, my ex engaged constantly with school providers and medical professionals and she demanded that her family and friends support my son's rebirth, as she called it, as a transgender girl. The gender affirming model does not welcome questions and inquiry. Repeatedly, I was told they almost everyone that I must accept my daughter.

That not accepting the utterances of a three year old was tantamount to abuse and would lead to self harm. It made no sense. I was now in a world where up was down and down was up. It was a time of unrelenting despair. I could not eat, I could not sleep. I barely functioned at work. But unwavering love of my son was all that really kept me from giving up. I was angry regarding gender ideology in the medicalization of minors. I was frightened and vulnerable. I needed help. And made an appointment to see gender management services at Boston children's hospital in 2016.

I brought my son there three times. Initially I went with my ex but as it became less and less aligned, we attended separately. We saw doctor Amy tishman, clinical psychologist and director of research once yearly in 2016, 2017 and 2019. For four long years, my son lived as a boy with me and as a girl everywhere else. The situation was traumatic for both of us. I was constantly worried about the effects on my son of being torn into. At one point I tried to use a girl's name, but I couldn't do it. I could not participate in the charade.

Over the years, what doctor tichelman noted time and time again that there was difficulty in parsing out the impact of the parents conflict on the child's gender presentation in each home. Even with a documented uncertainty of my son's presentation, doctor tishman in one meeting coerced my son to convince me to go along. Current notes are quoted as this, following my meeting with Rosa I met with miss Spiegel and her partner and with rose's permission share that Rosa told me she would like them to refer to her as Rosa and use female pronouns. Rosa agreed to come to the room and all four of us went together.

At this time she reiterated her mother and partner that I want to be called Rosa and to be a girl. My wife and I were stunned but smiled and the meeting concluded. My son was six years old and within the gender affirmation model, he and the therapists were in complete control. At the final visit in 2019, doctor tichelman had my son fill out a gender worksheet assigning numbers to how he felt. The conclusion was that today, she reported that she is not a boy or a girl but something different. Again, there was ambiguity, but she dug in deeper.

Dr tishman advised us that we should start thinking about puberty walkers for Rosa. Finally, I sued for full custody. Things were moving at breakneck speed towards medicalization and I had no other recourse. At the trial doctor tishman was called to testify. My ex had doctor Michelle forcier as her expert witness and also testified PM doctor forcier is a pediatrician at Phyllis affiliated in Rhode island. She's possibly better known now as the chicken lady in the film, what is a woman. It's documented in the court findings that doctor tishman cautioned that failing to support gender diverse children can lead to suicidal ideation and attempts.

This of course has never been proven. At the same time, tichelman also testified there is insufficient research around socially transitioning children and that there are differing opinions. Dr forcier also agreed with doctor tuchman that there was insufficient evidence PM the court finding states that doctor forcier's

own words, research on gender dysphoria is in its infancy. Met my child in 2019, both experts in their fields admitted to poor evidence. It's chilling to recount that during our visits at gems, doctor tishman repeatedly advised the importance of accepting brossa and ultimately suggested puberty blockers while failing completely to admit that evidence around social and medical transition of children with sparse.
My son was never gender dysphoric. My son was never a transgender. It was all a lie.
[Chad
[applause] Mizelle] so much. Helen, Gwen? thank you
[Gwen Turecki] Hi. My name is Gwen and I'm a mom from Michigan. My son was around 14 when he sent me a text that he was a girl. At first I thought hey, he's at theater and they're dressing up as girls. The next text was HRT. Cross sex hormones. At that time I dove into research. He was away so I was able to jump on the computer. I have a background in librarian and information science. I found doctor Grossman and I found Jennifer and billock, anti trans sites, pro and crucially, trans parents with the inconvenient truth about trans.
I connected to other parents and quickly realized this is a cult and son out using guided proven colt techniques, my basically what I did is I leveraged stuff out there for all the cults and tailored it to the needs of my son. We navigated the deaths of the transgender ideology starting with this pediatricians office. The reason I did this is my son and I have a very close, loving relationship and he would expect me to follow a protocol. So we went through this pediatricians office who referred us to the university of Michigan's children's hospitals gender clinic.
Notably, the pediatrician we were referred to is not his normal doctor. This is at a different children's hospital. She was in the process of translating her teenage daughter. It's like OK, jumped on the rabbit hole and here we go. At gender hospital, because I did make an appointment, because according to the protocol to get something out of a cult, you slow walk them. And you bring your kid closer. My kid and I were always very close but we have a common bond around music and we go crate diving for albums because we're into that stuff.
So at the children's hospital center, there is a three hour session with everybody altogether, so his father, my son and myself. The therapist explained that the purpose of the session was to help our child connect what was happening with his mind and align his self image with his body, citing WPATH standard as of care. When I asked why, a there's a 4000% increase in the number of trans identifying girls in the UK, I was told society has just become more accepting. Amazing. She explained that Western societies have become more accepting in the ways of thinking.
Please note that my son's father immediately affirmed and aligned with the therapist. I sat in the audience and listened to her weave A narrative not based on biological reality, opening the door of possibilities of changing physical appearance without even considering underlying conditions, like going through puberty during COVID lockdown, basically these kids social fabric was ripped upside down. The second hour was with my son alone and I was unable to question the session due to patient confidentiality. The third hour was all four of us together again, the therapist, and she kept on saying to my son, I feel like there's something you need to tell us.
She was coercing my son in self doubt. So I recognize this is coercion and began to steer the conversation away, asking for next steps. What do we do next? After a single three hour session, she said hey, the next step is let's contact the endocrinologist. That's when I shut it down. I turned to his father and my son and I said, we are going to talk about this at home. I needed to control the situation.

Seriously, it was like Alice in wonderland. It was crazy. The rest is history now. Now I have a thriving, healthy 17 year old man with an exceptionally bright future.
My son was tested for talented and gifted. Had we followed the path set by the university of Michigan's children's hospital, the story could have ended tragically. My son is exceptionally talented and gifted, just like Elmira's daughter. Thank you very much. Gwen,
[applause] thank you for that. If I may ask that
[Chad Mizelle] that subsequent step, that conversation at home with your son, was -- was that that a one time thing or a month long process? Is there anything you could share about that?
[Gwen didn't Turecki] really happen because Sure, I wanted everybody so to go to neutral that corners and because his dad was affirming and had to walk that fine line. So anyway, with a slow walking, also bringing closer -- about three months after that visit, I walked -- I was feeling him feel less stressed because I think part of it was he felt heard. So three months after, I walked in his room and said hey, what are your feelings about cross sex hormones now? He said mom, that is like putting lipstick on a pig. My heart leapt.
We weren't quite out of the woods yet. So fast forward another four months, he walks to the kitchen double desk granted, at this point the kid is 6 foot and have grown big. And he says, I am thinking about growing a mustache. What do you think, mom? I'm like, that's a great idea. Inside my head I am doing backflips going we made it. And so after that I helped coach other parents. I have parents in south Africa, Australia ? There is a way to get your kid out of this.
[Chad Mizelle] Thank you.
[Chad do Mizelle] one more round If of applause for we everybody? could just
[applause]
[applause]
[Chad heard, Mizelle] it As is certainly you not easy all emotionally to have get up and tell your stories but as presha told us, it's a danger to themselves and to their families to even speak out, whenever you're speaking out against a multibillion dollar industry that is built on lies and deception, whenever you start exposing those lies and deception, they want to come after you. Thank you again for everything that you have done and that you are doing and for sharing your stories. Thank you. with that, I think we'll continue on the program. I will hand the mic back over to John.
(inaudible) with survivors and heard their stories. As the truth emerges it's important to note that a number of truly courageous people took great personal, professional and financial risks to themselves to blow the whistle on the gender industry. I'm pleased to announce that we have six of these whistleblowers at this workshop today. Earlier you heard from doctor Heim and now we have a panel with five more. These are individuals who truly paved the way for this moment. I would like to introduce our moderator for this panel. He serves the federal trade commission as a special advisor and chairman Ferguson's office.
Ian Mason.
[applause]
[Ian Mason] Well, as John mentioned, we have heard today the personal stories of young people subject to so-called gender affirming care and their parents. We've heard doctors and researchers recent conclusions about these practices but the understanding, especially popular understanding of what's happening depends on additional pillar care might the accounts of whistleblowers, participants in the industry have the courage to come forward despite potentially devastating consequences for the careers

reputations and families. We're grateful to have five with us today. Jamie Reed (inaudible) which advocates for cultural and medical approaches that support -- medical intervention. In February 2023 the free press published her explosive first hand account of her time in a pediatric gender clinic.
Jamie holds a master of science and clinical research management from Washburn university and a BA in cultural anthropology. She co hosts the informed dissent podcast and has been profiled in the new York times and advocates for legislation across the country. And addressed her rally on the steps of the US supreme court during the US first Grimaldi oral arguments. Bam is a clinical social worker and she earned her masters of social work at the university of Washington and after more than a decade as a mental health therapist in community and healthcare settings, she founded her private practice in 2024. 2023 she gained attention for speaking out about the mental health field approach to youth gender transition. Raising concerns about blind outformation without adequate assessment access assessment using backlash and loss of her job. Leta is a former psychiatric nurse at a taxpayer funded facility for teenagers and adolescents. She became aware of a series of institutional policies that promote and reinforce social transition of minors while hiding such treatments from their parents. Due to unwillingness to like to parents and engage in dishonest and incomplete documentation she was charged by the administrator and fire December 2024. Vanessa is a pediatric RN who exposed the illegal use of Medicaid to cover sex hormones and transgender treatments for minors at Texas children's hospital. After blowing the whistle, Vanessa received a visit from 2 FBI agents in 2023. Despite this in threats Vanessa came forward in June with journalist Chris to expose the medical fraud, medical malpractice and illegal billing in the gender clinic. Two months later, Texas children's hospital fired Vanessa. Vanessa has since launched an advocacy organization committed to fighting for the protection of children in Texas called protecting Texas children. Sara Is it licensed marriage and family therapist, lecture researcher and clinical researcher with over 15 years of experience specializing in gender dysphoria among youth and families. 2023 she co authored one of the US mental health assessments for evaluating youth readiness for medical gender transition published in the journal of marital and family therapy.
Growing concern that prevailing clinical approaches were harming young people, Stockton publicly addressed these issues in the 22 documentary, what does the woman. She testified in state legislature on bans regarding -- and expert witness and family court cases involving child protective services. We are here largely because of your stories raising awareness of these issues. Why don't we start with those stories themselves. We will go down the line. Vanessa?
[Vanessa Sivadge] Thank you so much. My name is Vanessa and I am honored to be speaking on today's panel on blowing the whistle on gender medicine. To join my voice with the growing number of medical professionals who recognize gender medicine for the farce and the frog that it is. For 10 years, I have had the privilege of working as a pediatric nurse in Houston. IN2018I accepted a job at Texas children's hospital in those prestigious and largest children's hospital in the united states in Houston. I thought at the time that I had Pete in my career, convinced I would be working here until I retired.
A couple of years later in 2021 I transferred to a multi specialty outpatient clinic. Not knowing that a fully functional and robust gender clinic was active in my workplace. The things I saw over the next few years I will never unsee. Eventually I was asked to do things that went against my nursing ethics, personal beliefs and most importantly, my faith in Christ. I had a crisis of conscience one day when a physician, transgender physician asked me to do patient teaching which is not uncommon. Nurses do a lot of patient

teaching in the hospital. On this particular day I walked into a patients room and I was asked by the doctor to instruct them on how to administer an intramuscular injection.
What I didn't know was that this child, this boy was going to administer estrogen to himself, to affirm the false identity he had adopted? And realizing that I enabled him to do that was devastating. I considered quitting my job. I could no longer quite an indirect role in perpetuating these harms against children. Until one day in may of 2023, when I read an article by an anonymous whistleblower at Texas hospital who had come forward courageously to expose at the hospital had been secretly providing transgender treatments to children, had hidden this from parents and lawmakers in the state of Texas, and I knew this to be true because I was one of the nurses working at this clinic that was supposedly nonexistent.
This person is doctor eisenheim, without whom I would not be here today.
[applause]
[Vanessa Sivadge] We didn't know each other at the time period we had no knowledge of who the other was. What I knew was someone within the hospital had shared my concerns and was deeply concerned about these children being harmed. A couple days later I came forward anonymously to corroborate his testimony. As a nurse in the clinic where this was taking place. And that was supposed to be the end of the story. I was going to go back to work and things were supposed to go back to normal. Two months later in July of 2023, my husband and I were having dinner Monday night and there was a knock on the front door.
Lo and behold, we go to open the door and there are two federal agents flashing their badges. They say they are from the FBI and they're asking specifically to speak with me by name regarding issues at my work. In a video that has now been viewed over 6,000,000 times because our ring camera captured this exchange at the front door, these agents informed me I was a person of interest in an investigation targeting A leaker -- not a whistleblower -- but a leaker who had allegedly violated patient confidentiality laws by breaking HIPAA, which was an utter fabrication and lie, and I knew at that moment they were lying to me.
They were trying to turn me into use me to eventually testify or speak against doctor Heim if it ever came to that. Thankfully, it did not. They informed me they couldn't protect me if I didn't help them and I was unsafe and that my career and safety were at risk here much it was the most terrifying encounter we have ever had at our front door on a Monday night. So that really set the stage for what happened next. I went back to work. No one knew this had happened. I think we saw this a lot during that biden Harris department of justice era where whistleblowers, people with a medical conscience and a moral spine, pro-life people were targeted because of what they believed.
Or just because they believed they were doing the right thing. We were no exception. I went back to work and I discovered that not only had the hospital lied to the public about the existence of the secret program, but they were also billing Medicaid fraudulently for these cross sex hormones and puberty blockers, which in Texas is a violation of state law. I saw children that were misdiagnosed intentionally. I saw false diagnosis. I saw all these things that were deeply concerning and 100% illegal. I knew I had to come forward at that point to expose that the hospital was committing fraud against the federal government to.
So in June of last year, I came forward publicly with my identity. I was promptly placed on leave by the hospital and in August of last year, the hospital fired me. This was illegal for a number of reasons. I had also submitted a religious accommodation request. So we retained the -- who is an incredible attorney

and I'm so grateful for attorneys all around the country who are really defenders of truth and who are on the right side of this issue. And then, Donald Trump was elected president. And three months later, the Trump administration, under the leadership of secretary Kennedy at HHS, and I was a formal investigation into Texas children's hospital for illegally terminating my employment.
I'm very grateful for that.
[applause]
[Vanessa Sivadge] And now I have to wrap up. I have the privilege of serving as a founder of protecting Texas children. Our mission is to safeguard the innocence of every child by affirming biological truth. We work towards building a future where children can grow up happy, healthy and whole by not erasing who they are but by learning to embrace how they've been beautifully created by god. And so I will end here. What is happening in clinics across the country is not rooted in rigorous science nor is it grounded in ethical medical practice. It's a marketing campaign, masquerading as healthcare.
It's a billion dollar industry that thrives on misleading claims and emotional manipulation and the systematic erasure of informed consent. The issue of gender medicine has shattered political boundaries and united voices from the right come the left and the center. Not because of ideology but because of conscience. This isn't a partisan battle but about good versus evil. At the end of the day, there are no democrat children and no republican children, just American children. Thank you.
[applause]
[Jamie Reed] Good afternoon. My name is Jamie reed and I hold a masters of science and clinical research management from Washington university in Saint Louis, Missouri. I'm a lifelong democrat and mom got five boys, three of whom were adopted out of foster care, and I'm a lesbian. I'm also the public whistleblower from inside pediatric gender center. I participated in transitioning nearly 1500 unique patients who range in age from 3 to five 26 over years. almost I was once a true believer in pediatric gender medicine and now I understand I participated in an industry that was based on fraud, deception and in layman's terms, we were running a racket.
Patients with significant comorbidities were treated using unethical and deceptive informed consent practices. Were never properly assessed, informed of their commission or giving a diagnosis. Diagnosis itself is the first required step for any consent to be valid and not fraudulent. These were also vulnerable patients required specific special safeguards. First, they were minor patients that should have been provided all of the safeguarding protections we would want for all children. Second, they have significantly presenting comorbidities often falling within the definition of a stigmatizing complex medical disease. Some even beating the criteria for illegal medical disability. We were harming disabled children.
These communities include but are not limited to autism spectrum disorders, anxiety depression, borderline personality, eating disorders, self harming behaviors, summarization disorders, learning disabilities, ADHD and significant trauma histories. 3rd, many presenting patients, before the social concluded cohort, would eventually if not medically treated become homosexuals like me. That is, they identify as adults as gay, lesbian or bisexual entire diagnosis is based on progressive stereotypes and self described feelings for minor children and their parents. My clinical experience shows that these quote biopsychosocial assessments are not consistent, comprehensive or truly diagnostic. For an assessment to be diagnostic, there is a very simple way to prove if it actually is so.
It is so simple that so many of us forget it. There must be a statistically significant number of patients who will not ever meet the diagnostic criteria. So in late terms, there has to be a statistically significant number

of patients and it would have been consistently told no by the centers. That never happens. I might hold a masters of science and clinical research and that is not a requirement to understand the basic concept of medical diagnostics. Parents and the public have been deceived into believing that these assessments are diagnostic, that they are consistent, comprehensive and that no children no child has ever receiving treatment without one of the assessment method criteria of consistent and diagnostic, the diagnostic provider should be able to easily produce their assessment tools, give them to the FTC to be analyzed and they should also be universally consistent across all of our states.

This has never happened and they have not shared any data to show what percentage of those presented are being told no because this is not happening. And this is a huge butt -- even if this field was actually doing what it do, even if it was completing a true biopsychosocial assessment and saying no to a significant percentage of the patient population, please note that those who would be told yes homosexuals like me and especially a gender nonconforming homosexuals. Under the Dutch model, we would still be OK to be rendered to Darrell, without sexual function, with stored endocrine systems and be allowed to die early simply because we are gender nonconforming homosexuals.

And so to some of those not here today, to Laura leeper, we homosexuals are no longer OK to be harmed or straight people's comfort and we are fighting back.

[applause]

[Jamie Reed] witnessed I the personally consequences of prescribing these treatments without proper informed consent. One of my patients, after her radical bilateral mastectomy at 19, called begging for her breast to be put back on? This harm has not been contained to children or minors? Another patients intellectual function was so impaired that they could not identify who needs where they lived or explain what type of identification they possessed. Multiple staff members expressed concern about their ability to consent to any medical procedure despite these and similar red flags with many patients, as patient even so it her desire to have biological children, yet they were prescribed to treatment that would ultimately render them sterile for life.

We as clinicians and the gender industry openly stated, quote, it doesn't matter if patients even met the diagnostic criteria. We didn't hear. If patients even had gender dysphoria we don't care. If a patient they were trans competent they were trans parents were unaware that patients were self diagnosing, that clinicians had completely abandoned the diagnostic process entirely. Parents who didn't agree with our lives were isolated from abandoned by our centers we tore married parents apart and tore children apart from caring parents you told us no cannot imagine in a different field if children went in self declaring that they had a malignant cancer.

If they went to an oncologist and that oncologist come up without labs or biopsies, if that child demanded to go through chemotherapy and surgery, at the clinicians would comply? And then the clinicians would then bill our insurance for their first procedures, medical visits, making money for the hospitals and themselves based on this deception. This is precisely what we are doing in the gender center and then we expanded this deception into a rocket. We created specific list of affirming therapist who would do exactly what we wanted therapist could only get on that list if they would comply.

We needed a letter for insurance. That's what we did? We wrote it and made it fill in the blank only pre drafted it and I know this because I am the one who not only created this water but I emailed it to all of those same therapists for hundreds of our patients. I wish I could say to you that I became a whistleblower the first time I heard the nurses say, but doctor Lewis, we are committing insurance fraud.

That was said and I didn't hear my I wish I spoke up sooner. The final death quote to my ethical article soul --
and what finally led me to speak up -- is that we significantly harmed our patients. We didn't just deceive them or their parents, I hurt children. And I said to that same doctor Chris Lewis, Chris we are harming patients and he said I know, but what do you want me to do about it? I heard the very children I was employed to protect, Saint Louis children's hospital mission statement is simple. St Louis children's hospital will do what is right for children. We did not, and all of us must now reckon with what we have collectively done.
[APPLAUSE]
[Ian Mason] Thank you so much. Camera if you want to.
[Tamara Pietzke] Apparently I was supposed to have something written. So my name is Tamara and at the time I became I was at Washington state for about 5 years. In march of 2023 I had a client come in and say that they identified as a wounded male dog. Female client said they identified as a wounded male dog and I did not know what to do with that information, I had heard people come in before and say I feel like I'm actually transgender, and I had just kind of treated them the way I Never felt like I had to make the people that worked in these clinics knew what they were doing and so I figured I'd just I knew what I had to do we'll treat anxiety and depression and other things that are happening in your life, but at this point when this client came in and said that I was like OK, so at what point is someone's identity actually a mental health illness?
At what point do we need to press pause and deal with this as if something is going on that needs some mental health attention? And so I emailed my boss, I emailed my colleagues, and I said hey I had a client come in and say that they identified as they wounded male dog and I don't really know to do with this, like at what point is someone's identity something we treat as a mental health diagnosis, and they said there's no time that that would happen if this client is not saying that this identity causes them any stress then it's fine, he just basically say oh awesome I'm glad you know who you are and you continue to be a therapist. And my boss was on this email too and I was like I don't know how to process this, so I kind of just set it off to the side and kept kind of thinking this stuff through, what is going on here with the gender identity and the way that we are treating these people? And these young children who are just trying to figure out who they are. What is happening here? And then September of 2023 we had a mandatory gender affirming care training none of our trainings up until this point had been mandatory, and I know I'm going to sound so naive but I had never heard gender affirming care of those 3 words together before, and so I was like what is this?
And I just had a bad feeling since there was this mandatory training that we were gonna go in and be like indoctrinated and threatened basically or have our jobs threatened, and so it was like the training was supposed to happen after labor day weekend and so I spent every night that weekend after I put my kids to bed I sat in bed and I just researched everything I could about gender affirming care, and I realized it wasn't that easy to do, like I would Google what are the dangers of gender affirming care and the results would be how to be a good friend to your LGBTQ and I was like what is happening?
I came into this situation so naive, like I truly have no idea I was processing at all, and any article that I found or any organization that I found that was like we are hurting people I had written a letter saying that I could not I would not go to this training, and so I wrote this letter and I said 12 of the people that I found

who were giving a voice to the fact that we are hurting children, I said please read this for me and tell me that I'm not wrong because I might lose my job over this.
And so I sent it to literally strangers on the internet and I said please tell me that this is the information that I put together here and it's not wrong. And I got emails back and said you're not wrong, you are absolutely right. But you have to go to this training because if you don't you are going to render yourself irrelevant, they're just going to fire you, and then you lose your influence so you have to go. So then we talked through some questions that I could potentially ask, I don't know if you could tell, I'm not controversial, I do not want to make anybody feel like I'm attacking them coming into this meeting and I can tell you with certainty that I was so gentle and so cautious with the way I was presenting these questions come up but there were 122 of my colleagues there and when the opportunity presented itself I said things like hey, you know if countries in Europe are pressing pause on this why are we mandating this if they were clinicians now?
And everybody it was a virtual training in the chat? Blew up and they were like you are doing harm to our patients, keep politics out of this, and again, I'm so stupid I was like politics? I didn't say anything about the president, I don't understand. I don't understand what you're talking about. And so, I just could not believe the hostility the person that was doing the training was like I want you to understand we are not, no more of these questions from you. This is not up for debate. And so I left that training and my boss called me in she was like that it was not the correct time or place asked those questions, and I was like ohh come OK, they said we could ask questions so I just assumed.
And so then, after that I kept emailing my boss and emailing the person who did the training and I asked them these questions and email so that I could keep a record of these things that they were saying and I just wanted to make sure like am I crazy here? What is happening? They just kept saying the same response over and over again no matter what I asked and no point did anyone say hey let's look at this what are you seeing online? Let's look at this research together and figure out if whether or not there's anything here that we should reevaluate, so I just thought that they would, like we are here to help people, why would that not be a conversation that they would want to engage in?
And said they just decide that I'm a monster. And so they basically just said over and over again I want you to understand we are not going to agree on this issue, this is best practice, multicare will not tolerate anything less, and there is no reason why a person's mental health would impact their identity. It doesn't matter if they've had a history of trauma, it doesn't matter if there's co occurring disorders, it doesn't matter because they know who they are and you're not allowed to question that all. So again I didn't really know what to do with that and then I had a client come in a 13 year old who was a female it was mostly nonverbal who we would talk and should just continue to scroll on her phone she was just rocking back and forth I just kept trying to engage her, it was very challenging she had a history of trauma, really intense trauma, and shortly after I started seeing her I saw that she had a gender appointment coming up her first one and I asked her how she felt about that and she said she didn't know she had your and then she kept scrolling on her phone and we talked about something else coming and then after that initial appointment I read the note and it said ask your therapist for a letter to start testosterone, and I could tell it was a form letter because I later went back and was like OK yeah they're all the same, but it said that she so eloquently said how distressed she was in her body as a female which I'm like there's no way, she doesn't talk, that's not a thing that happens.

And so then her dad her dad asked me to write a letter to start testosterone and so I was like finally now people will actually listen to me, this is obviously not a good candidate, this is a child who's got so much else going on and so I emailed my boss and I emailed the person who did the training and I said hey can we look at this clients chart together, they want me to write this letter for this young child to begin testosterone and I just feel like there's so many reasons why that's not a good idea, and then I don't think I even got a response back but my boss came into my office a few days later and was like I want you to know this has gone above me, the person who did the training has reported you to risk management, and again I'm so dumb I'm like finally, risk management and I can have this conversation together, we can look at how we are hurting this client and realize that we are hurting people.

And so, I met with risk management numerous times, they ultimately determined that I was the risk, they took the child from me and said I was incompetent to work with gender distressed young people, and just gave the client to somebody who would just automatically write that letter no questions asked. And shortly thereafter I left multicare I was like I can't work for an organization that I don't respect, and I went someplace else, and then three weeks after starting that new job my article and the free press out, that new job they called me up at 7:00 that night and they were like you're just not the right fit for this position, I lost my job, single mom of three little kids and I was like this is a nightmare situation, I'm so grateful for the courage coalition because I don't know what I would have done had there not been support in place. But, ended up opening up my own practice at the time that I was opening my own practice I got letters from the state saying that I was being investigated for not being gender affirming and for suggesting that dysphoria as a mental illness, so that's where we are today.

[APPLAUSE]

[Ian Mason] Thank you so much. Lada if you would like to go?

[Leta Boylan] Hi, I'm very grateful to the FTC for this forum. My name is lida Boylan I'm an LPN I worked as an agency nurse in the psych hospital in north central healthcare Wausau WI from 2017 until December of last year, north central as a taxpayer funded facility. On the adult unit 2017 I had a 19 year old translee identified patient who had already had a double mastectomy and who nearly bled out because testosterone caused her ovaries to become polycystic and then they virtually exploded. On the adult unit in 2018 I had a trans identified patient in his 20s he was abused so brutally as a child that he was legally blind and had an IQ of about 70 related to a permanent traumatic brain injury he was prescribed 4 times the amount of estradiol that oral contraceptive contains in spite of the fact that he was unable to live independently or maintain employment.

During the pandemic north central healthcare opened a brand new cycle and by 20/23 it had become not just at unit that I worked on but the primary unit that I worked on. Many days every single minor female patient was translate identified. It was unusual for us to have no trans patients on a given day. Most teenagers experience suicidal ideation at some point, there's not a great part of the human experience but it is also not an uncommon 1. If a child who is struggling discloses suicidal ideation at school it starts an unceasing cascade of interventions that occur without parental input or consent period school staff are legally obligated to report to law enforcement who removed the child to the emergency room or the child is placed on a 72 hour hold and delivered to a facility like the one that I worked up here all of this is done without parental consent, sometimes it is done without any parental contact.

The north central administration is headed by an individual who is well known for a previous scandal in the state of Wisconsin at a facility that is state run that involves children. She had an unwritten book

brutally enforced policy that clinical staff were to call the kids whatever they wanted to be called and that we were not to inform the children's parents if their desire to socially transition. Implied threat of suicide is wielded with regard to gender dysphoria in a way that is utterly contrary to the standard. Which acknowledges both the suggestibility of people who are actively experiencing suicidal ideation as well as the long observed phenomenon of suicide clusters which occur especially often in young people.
In other words, they come in, say that they are suicidal and we say gosh we shouldn't discuss that unless you're trans in which case we have to do whatever you say. Pay your sources are built fraudulently utilizing misused codes Medicaid fraud was commonplace that was openly discussed during rounding. Most of the children who came in had insurance via their parents employer, if they did and the child said I don't want my parents to know they had caught on to the fact that if they dropped certain codes for insurance it was going to trigger a letter that would then get back to the parents, we were on the same campus as county social services which meant then the social work from the inpatient unit would go talk to social services triggering a CPS investigation especially if the parents were not married to each other what would end up happening is the kid we get on Medicaid and then they could bill Medicaid repeatedly for a 72 hour stay which was also fraudulent because they were misusing codes.
So, I know HHS and DOJ is here I don't know if this is an FTC thing guys I used to work for nacl codes are my second language so, right now we have CMS who will not let you build for I believe it's I 110 for essential hypertension it will not wait that for an RFP or, but we can bill for the E code that is the unspecified endocrine disorder so we can do that for kids but we can't do essential hypertension for adults with government payer source healthcare. Make it made sense. My minor patients who were as young as 11 years old would want to both impress and fit in with their somewhat older peers and they would frankly change their names and pronouns.
This was always kept a secret from parents. Clinical educational medical and mental health professionals and perceived authority who have already proven that they can override the wishes of the child's parents we're now also in the business of hiding things from parents. There is no acknowledgement on the part of the administrators who act as accountants who have no clinical background and have no scientific degrees who never interact with patients who do not do assessments, who have no understanding that science is not an outcome but is in fact a process. That affirming a cross section under identity in children is not a psychologically neutral act, starts another unstoppable cascade of intervention but this one ends in permanent sterility disrupted endocrine system, sexual dysfunction, mutilated gonna tell you and an increased risk of completed suicide by every high quality study that has been conducted on this issue.
[APPLAUSE]
[Leta Boylan] To a person every single trans identified minor patient that I took care of described herself as either neurodivergent, same-sex attracted or a survivor of sexual assault, some girls were all three. Most were on self harm precautions and presented with significant scarring. The best part of my job was meeting with parents alone and telling them emphatically you have to let yourself off the hook. This is bigger than any one family. The trust that parents and families put care for their beloved children is an awesome responsibility. The parents of my community pay and mileage to fund a facility that usurps their rights and engages in iatrogenic harm perpetrated against their children.
There is no way for parents to consent to treatments that are neither acknowledged or explained. How will they ever trust us again?
[APPLAUSE]

[Ian Mason] Thank you so much. Sarah if you would like to take us home.
[Sara Stockton] Good afternoon, thank you to the members of the FTC again for hosting this event. My name is Sarah Stockton and I am a licensed marriage and family therapist. Since beginning my training in Syracuse university in 2008, with an emphasis on sex and gender issues I spent over a decade developing standards for assessing youth with gender dysphoria signing hundreds of letters of affirmation letters for medical interventions and training other counselors to do so. But today I'm here as a whistleblower. I have seen children young teens rush into irreversible medical decisions. Sometimes after a single session, promised reversible solutions with no chance to learn other ways to manage the stress. I have watched families left heartbroken. At Syracuse, I helped develop a comprehensive assessment for gender questioning youth based on the Dutch protocol. Emphasizing thorough evaluations to give time to explore identity before medicalization. We were told to market this option so that a child wouldn't have to experience the wrong puberty. Our 2013 assessment tool was designed to give teens and families space to consider past present and future expectations while ensuring interventions like puberty blockers work carefully weighed. But what I witnessed was very different. By 2015 gender clinics started popping up and organizations like planned parenthood began prescribing hormones without these thorough evaluations. Families were told puberty blockers were fully reversible despite emerging evidence of risks like bone density loss and infertility. Vulnerable teens including those on the autism spectrum or in foster care were funneled into medicalization for what we often or social difficulties or trauma necessarily gender dysphoria. In one case, I met a father very similar to Simons who came into my office because the parents were going through a divorce and the child was requesting puberty blockers. I was very concerned about the implications and basically the story that the father was sharing with me, one of the things that we've not talked about enough and I think we need to talk about is Munchausen by proxy.
I asked the courts to give me some time to talk to the father about his reasonable concerns with puberty blockers. The court overruled me and within one month the father took his own life. Soon thereafter a former patient of mine he was seeing me for anxiety issues he was gay came into my office distraught after he reported that he was harmed by another therapist who rushed him into medical transition. He was so upset with nowhere to turn to for help and I had never heard of the term AD transitioner and I had never encountered someone who has been this distraught and harmed by what has happened here I tried to help him with emails and calling his providers and they would not provide any guidance or resources of what we could do.
No recommendations but just to continue his transgender identity. He did not report gender dysphoria, he wanted help for how difficult dating was due to being a gay man. We had been assured that regret was where rare if it existed at all and that affirmation was the only path. Almost every professional I encountered validated that I wasn't treating children but saving them. Yes, saving children. In reality, the system was failing them by prioritizing affirmation over developmentally informed therapy, ignoring that mental health what we focus on often grows and doesn't diminish. The pressure to affirm intensified after the pandemic, as I saw spikes in trans identification particularly among youth in the autism spectrum or those isolated and online during lockdowns.
It appeared to me that many were adopting a trans identity to cope with other issues not necessarily from deep persistent dysphoria. Schools normalized rapid affirmation leaving no room for gender nonconforming kids to explore non medical paths through the natural distress of adolescence. When I raised concerns about a friend group of four teens transitioning altogether in one month I was silenced

and I was told I had no basis to question that. My staff colleagues and even courts warned me of professional consequences for questioning the one size fits all approach. Even when I was trained under this protocol and I did deny adults who were suicidal but when it was children it didn't matter.
Suicide ality only meant to affirm quicker. I eventually decided there was nothing I could do so I just quietly opened my own private practice and stopped helping youth completely. Many years would pass and in 2022 I could no longer stay silent. My clients, a lot of them teachers were bringing in stories of desperation needing guidance and unable to discuss developmental concerns without risking their careers. Inspired by public discussions I spoke out in the documentary what is a woman and a Syracuse university in 2023. The results, the backlash was swift. Petitions with thousands of signatures were made against me, public disavowal by my former mentor and co author of the publication, I was terminated from the university of 15 years and blacklisted from organizations after I was there with 15 years without any formal complaints against me and every single evaluation was about my exemplary service, and then my group practice collapsed.
But I am here because the truth matters. Our children deserve comprehensive developmentally informed assessments. Not rushed affirmation that they may not fully understand. They need safe open-ended spaces to explore distress without being pushed towards an irreversible medicalization. The FTC must continue investigating misleading claims like life saving, reversible, they undermine informed consent. I urge you to reinforce rigorous standards for youth gender care, protect professionals who raise concerns and ensure gender nonconforming children have the time and support that they need to find their path without corrosion. In retrospect, the promise of saving children often met recommending interventions I would make sure that their legacy would no longer exist.
It would mean that I would risk their fertility and their sexual function bypassing all of the safeguards that we apply in every other area of therapy. You would find it very strange if I told you that I was playing with dildos with 10 year old typical children, but in this gender affirming care that's not only what was taught to me but it was promoted. We were part of a drug assembly line taught the gender affirming care was the only solution. Today schools and medical organizations are endorsing the gender affirmation model medicalizing distress my social media tells children that finding an identity is the most important part of development even if it means disconnecting from their embodied selves.
I continue to work with individuals with gender dysphoria and those who are gender non conforming helping families in custody cases and working with legislators to build safeguards for children. We need to rebuild trust in the medical community, while caring for a generation of children who now face disorders of sexual development that we in part have caused. When we talk about worrying about suicidality my biggest fear is that the largest cohort that will end up taking their lights are the D transitioners because they do not know and they do not have a way out. If you cannot transition your sex there's no way to detransition your sex.
And these children are also being told that is a possibility. I already have children coming in and saying it doesn't matter if I transition my sex I can detransition it. You cannot. Our children and their families deserve care, time, and honesty, not promises the medical system cannot keep. Thank you.
[APPLAUSE] I
[Ian Mason] want to thank all of our panelists today not just for being here, but also for their courage coming forward in the 1st place and letting us know what's happening in the world. Thank you so much.

[APPLAUSE] And I've bam thank you Ian and again thank you to the brave whistleblowers for all that they have done to protect kids, folks for time purposes we are going to run past that break and we are going to go straight into our next presentation, and we will have one more panel after that which will be hosted by commissioner mark meter so stick around for that. Aaron Friday is a licensed California attorney and has been a registered democrat for more than 30 years, she is the president of our USA a national nonpartisan organization dedicated to shielding children and vulnerable adults from the influence of gender ideology and a director for Gen inspect USA, she is heavily involved in legislative advocacy frequently proposing an opposing bills related to gender intervention she's written multiple amicus briefs in cases before the supreme court, and federal courts of appeal bringing attention to the perspectives of D transitioners and parents of gender confused children.

Her work and viewpoints have been featured and respected outlets such as the wall street journal, the economist, the daily signal, the federalist, the daily wire, the epic times, prager you the Sacramento bee and post millennial. Area has been on CBS, fox news, and news nation and has been featured in films both in and beyond the US in establishing herself has a significant voice of national discussions on parental rights and child protection. Ladies and gentlemen please welcome to the stage Aaron Friday.

[APPLAUSE]

[Erin Friday] Good afternoon. I am honored to speak today as an awakened democrat from California. (laughs)

[Erin Friday] I know oxymoron. I'm offering a road map for investigations into the nefarious gender industry dismantling the worst medical scandal in human history requires an understanding into the collusion among nonprofits, the medical community and our government has created a new category of humans who are inconceivably born in the wrong body. This has led to an ever growing billion dollar industry to fix them. My goal is this. To see the decimation of the deceitful gender industry.

[APPLAUSE]

[Erin Friday] For both minors and adults.

[APPLAUSE]

[Erin Friday] And to see that the individuals who set society on this course are held accountable civilly and criminally. Including every medical society that has abandoned ethics and science in fealty to the transgender mafia. Oops. Back. In 2007 endocrinologist Norman Spack and his protege psychologist Laura Edwards Lieber opened gems at Boston children's. The first pediatric mutilation clinic. Doctor Spack and leaper abandoned the established treatment of watchful waiting for children who were distressed about their sex. A cohort of children that had a desistance rate of 98% if not affirmed. They not only adopted the flawed Dutch treatment protocol but they streamlined it.

Moving children even faster towards medicalization, because according to leeper there was staff shortages. There are now 400 / 400 gender clinics in the united states. There is money to be made, and some doctors enjoy playing god. In 2023 I attended a conference in which doctor Edwards leeper proudly recounted that doctor Spack would tell people everyone needs a Laura. Because she claims her mental health assessments could distinguish between which child would benefit from sex trait modifications and which would not. When I asked if she would follow up with any of her patients to confirm her superpowers, her answer was no.

Notably she rarely disapproved interventions for her minor patience. We already heard about Amy tishman but we will hear a little bit more about her. Psychologist Amy tichelman joined Jens in 2013 she

recently testified that she had only just asked to create a database to track the outcomes of more than 1000 children whose bodies the clinic had altered. Boston children's has been experimenting on children or 18 years without follow up. While simultaneously reducing the mental health assessments from 20 to 10 to 2 hours. Before prescribing puberty blockers cross sex hormones and surgeries. Doctor's back and Edwards Lieber methodology exemplifies the incestuous nature of gender medicine.
And the falsification of medical papers that reach predetermined conclusions through data manipulation and circular referencing. They leveraged their prestige to convince other medical providers to adopt their unsubstantiated treatment protocol. In 2009 doctor Spack contributed to the endocrine society's guidelines which declared puberty blockers to be fully reversible. That is untrue. Despite acknowledging that the evidence supporting the safety and efficacy of blockers with low or very low the guidelines were cited in the 2012 W path SC 7 after the basis for recommending blocking children's puberty. That is likely because doctor Spack also happened to be on the executive committee for the W path SOC 7.
So he was citing to himself. In 2012 Edwards libra inspect published a paper for the American academy of pediatrics and again stated that puberty blockers are reversible. Citing back to the endocrine guidelines in W path. Is circular citation strategy has created a false impression that independent groups supported their conclusions. Another example of manipulation can be found in the $10 million NIH study led by doctor Olson Kennedy. The head of children's hospital LA. That study failed to show that children's mental health improved on blockers. Back in 2021 Olson Kennedy presented the one year result from her study at US path at a US path conference the US arm of W path.
But at the two year mark Olson Kennedy withheld this disappointing results. She finally published them in 2025 why the delay? Earlier pointed out it's because she was afraid that her findings would be weaponized unused in court to stop prescribing puberty blockers for children. So this pediatrician placed a political agenda above children's welfare. Since the NIH puberty blocker study results were not what Olson Kennedy had hoped for, she attempted to temper the failure in the studies abstract. She concluded that children's mental health would have likely worsened if their puberty hadn't been blocked. About her study had no control group.
Meaning that there's no possible way to support this claim. Her obviously false conclusion is emblematic of the glaring activism at all costs and gender medicine. As doctor Laidlaw stated Olson Kennedy employed the same gamesmanship with the hormone study results dropping the tracking of suicides the most stated basis used to justify gender interventions because two out of the 315 and children had committed suicide. Under any normal circumstances this level of harm would have ended that study. But Olson Kennedy buried the lead. This type of manipulation is rampant throughout gender medicine when the so called experts are ideologues who stand to benefit from the results.
Scientific rigour disappears. Let's spend a little more time on Joanna Olson Kennedy. She is captured on video stating that if girls miss their breasts after top surgery they can simply get new ones. She is proud that she has performed sex trait modifications on children who are in foster care. Homeless. Prostituting. And drug addled. She has said it is no big deal if she transitions kids who ultimately turn out not to be really trans. Because those kids have no fragility. She has stated it's not the worst thing to be trans and after all, whose fault is it if she transitions assist kid?
Her answer, the child patient. She was merely providing with the child wanted. Olson Kennedy opened the soon to be closed largest pediatric clinic children's hospital LA. It is well known for the pressure created on families by Olson Kennedy and her wife a female. Who identifies as a male. Inside that clinic,

they would separate the parents and children into different rooms. They would bring in celebrities and other trans identified people to talk to the kids. And speak persuasively telling them about all of the different interventions that they could get. While others worked on the parents in a separate room guilting them into accepting their newly minted son or daughter.
Olson Kennedy partnered with public and private schools through gender spectrum. A now largely defunct advocacy group whose mission was to and I quote get gender ideology into every classroom. She along with other clinicians used schools as pathways to create and find her victims. Here is an example. This is a California middle school advertising that a gender spectrum conference featuring gender surgeons and clinics in its weekly newsletter. Middle school. This slide is from a second gender spectrum conference in which kids in pre K and older were invited those who have read the W path files which I recommend that you all do, they may recognize doctor satterwhite, preschool kids.
This surgeon performs nullification surgeries, I think Kendall crotch. He also performed surgeries that leave a person's natural genitalia intact while adding fake opposite sex genitalia. Keep this in mind as you hear the phrases life saving and medically necessary. And then there's Scott Moser. Who was caught on video stating that he has no age limit for removing girls breasts. He also contributed it to the adolescent section and W paths SOC version 8. What we really need is a crime board showing the connections and reach of each provider because it's quite stunning how a few people can create a whole industry that preys on the vulnerable.
For almost 2 decades now gender providers have been placing children on puberty blockers, hormones, and surgeries without knowing the full effects while influential medical societies and major hospitals and providers are assuring parents that these interventions are life saving and improve mental health. These are not mistakes. These are intentional deceptions. For example, Jason Rafferty's 2018 a peak transgender policy is riddled with errors and dramatic statements without any citations. Despite a very public analysis by James Canter the AAP did not waver from its position but doubled and tripled down. It should be of no surprise that doctor Rafferty makes his living from a gender clinic.
The AAP as liar stated promised a systematic review. That was in 2023, two years later it appears to not have even started. I believe that's because the AP knows and always knew that there is no scientific basis for changing children's sex traits. Investigations must occur into influential medical and mental health societies who publicize false statements knowing that their membership will blindly rely on their protocols. I recommend starting with these societies. Sticking with puberty blockers a number of kids being placed on puberty blockers is increasing at an unprecedented rate. These figures here don't include Kaiser Permanente, we heard earlier about Kaiser.
They are a giant in the trans industry. And they seem to make money but as insurer and provider. And that needs to be investigated.
[APPLAUSE]
[Erin Friday] I think a reasonable estimate is that in 2024 the number of kids placed on puberty blockers is close to 4000 new patients, especially in light of the admission by director of Boston children's doctor Jeremy carswell. That puberty blockers are being handed out like candy. Which in her mind is great in some ways. This despite her own acknowledgement the puberty blockers are not reversible. Puberty blockers are profitable. A drug lupron by advie costs around $27,000 for a six month supply. A six month supprelin implant by Endo pharmaceuticals can cost $210,000. UCSF is a leader in altering children's sex traits.

It's pediatric clinic was founded and is led by by Madeleine Deutsch who also serves as president of US path. We really need that crime board showing all of these connections. The infamous doctor Diane aransas who also works at UCSF, she teaches that 2 year old boys who unbutton their onesies are communicating that they are really girls. And girls who dislike barrettes in their hair are communicating that they are really boys. She also believes that there are an infinite number of genders including a Prius gender. I can't make this up. So, this screenshot is from UCSF website as of June 25th this year, yet clearly states that puberty blockers are safe and fully reversible.

I wonder why then it is consent forms that state otherwise. This is a consent form from 2021. Let me point out a couple of interesting statements here first of all it says that children with trans identities need to have their puberty postponed. That the medication is not permanent, and that blockers treat the trauma of unwanted puberty. Puberty is not HIV. It's something humans all go through. Next it says that the long term effects and safety of puberty blockers is not completely understood. Well, I thought it was reversible? Isn't that what it said? Bone density will diminish but is expected to return to normal.

Now, lawyers we will hone in on that expected. Expected? In other words, you think so? Maybe? Then again, we don't know. Ohh, and puberty blockers might affect fertility. This consent form directly contradicts UCSF's website. This is purely and simply deceptive practices. In this example the child's dr was Stephen Rosenthal. Who partnered with Joanna Olson Kennedy in the NIH study that still has not released the results of puberty blockers effect on a child's physical health. Rosenthal also contributed to the endocrine societies and pediatric societies guidelines for transgender health, both of which state blockers are safe. Rosenthal and Olson Kennedy need to be at the center of the crime board.

[APPLAUSE]

[Erin Friday] Doctor Marcy Bowers. He is the current president of W path. He justifies the unique identity for children because the unich the word eunuch appears in the bible. Again, I can't make this stuff up. As this country's most prolific castrator, having performed over 2000 penile inversion procedures, including on children. He admitted during a duke symposium that puberty blockers started at tanner stage 2 plus estrogen results in a life without any sexual pleasure for males. How does one explain to a 9 or 10 year old that he will never experience sexual pleasure? In a manner that he can understand and consent to? We all know the answer, it can't be done. Incidentally billionaire JB pritzker the governor of Illinois and his trans identified brother are major contributors to duke. A 2024 mayo clinic study reports mild to severe gland atrophy and changes in testicular cells in males treated with blockers. It reports that this finding calls into question the reversibility of blockers. Continues to see the puberty blockers are reversible. Almost every major medical clinic or gender clinic advertised on its website that puberty blockers are reversible or merely a pause button without knowing, with knowing those statements are untrue or at best, unknown.

Some have been scrubbing their website since the executive order and FBI probes were announced. I watched it in real time. I want to spotlight one particularly dangerous gender clinic and that is Seattle children's hospital. Not only does it state that gender interventions are life saving and puberty blockers are reversible, but, it partners with its autism center. Youth with autistic traits are overly represented in the exploding cohort of children and young adults adopting trans identities. They tend not to conform to rigid sex stereotypes leaving them vulnerable to believing that there is something wrong with them. Combining the autism and pediatric gender centers provides a steady stream of patients for expensive and lifelong gender treatments.

Seattle children's is not alone in this marketing scheme. Seattle's gender clinic authored and the AAP published a perspective. Advancing the notion that refusing to modify a child's sex traits constitutes medical and emotional abuse. Parents who refuse to consent to having their daughters breasts removed her sexual function destroyed are seen as abusers. By the largest pediatric medical society in the united states. And if I recall correctly, Seattle children's had one of the most prominent booths at the AP convention this year. Where some D transitioners and I were escorted out from our paid for boob because we dared to try to educate pediatricians.

So, yes. The AAP knows of the harms but continues to support gender procedures. This is a screenshot from Whitman walker medical clinic, clinic right here in DC. That provides services to patients 10 and older. Excuse the vulgar language it's not mine, it's theirs. Whitman walker claims that females can grow a male phallus from testosterone. Of course that claim is an outright lie. Prescribing testosterone from females is genital mutilation. That part is true. These things come I wanna spotlight one surgeon who deserves immediate investigation and this is doctor size Gallagher. Plastic surgeon in Florida. And FTC complaint was filed and ignored under biden but I hope that this administration will investigate this predator who targets the youth, the overweight, and the vulnerable.

[APPLAUSE]

[Erin Friday] She advertises on tik tok, Instagram, and YouTube using childlike antics to sell her services while posting pictures of her lavish lifestyle, her young victims bodies have provided to her. Here are a few examples, here she is celebrating her success and a possible fraudulent insurance claim. Here are a couple pictures of her victims. Note that this young girl has scars all over her body from cutting herself. Doctor Gallagher was more than happy to let her pay for her to use her scalpel to make even deeper cuts. Woman on the side she has no nipples.

Humans have nipples. Trying to cross sex hormones there are two major online distributors of cross sex hormones plume and folks. Both are supposedly only accessible to adults. But their marketing suggests otherwise. Bloom started with seed money from craft ventures one of California's most prestigious BC companies raising over $38 million. Both of these online cross sex hormone distributors are capitalizing on the market predictions of substantial growth in the gender industry. In 2022 cross sex hormone sales were a $1.6 billion business. Planned parenthood is also reaping the benefits of this market. This is why they want to shut us up.

Let's examine 1 of plumes ads. That young woman looks like a minor to me. Or at minimum suggests that plume is marketing to minors. It also looks like plume is getting into the surgery business or perhaps partnering with surgeons it will remove the healthy breasts of young girls. Plume by the way is affiliated with stork. So plume sterilizes the person and storks stork finds them a baby. This slide also shows a snapshot from a newsletter from plume that a child can sign up to receive. I received it and I faked that I was 16 years old.

Now why would plume be publishing that runaway miners in new York are able to get hormones in its stuff we think you'll like section. Looking for more clients? Enticing children to run away from their parents who won't affirm them? Folks also markets to children. Folks had its senior director of audience development Kai proscia speak to kids from friends for youth at the Chan Zuckerberg center. The kids there looked to be about 10 to 14. I was actually there. Kai a male who was wearing an outfit worthy of the red light district talked about medical transition to a group of at risk children.

These online services are tailor made to circumvent parents consent and detection. A website called gender mapper directs children to both folks and plume if their parents won't consent. Since both of these online services used telehealth. Adults can easily order for minors the drugs come in unmarked packages and it's easy to change the delivery addresses. The mental health providers across the country have colluded with the medical gender complex in their abject failure to safeguard against transgender interventions. Websites like gender affirming letter access project and do something identities facilitate approval letters for gender interventions for free or in an hour with no follow up, no real assessments for minors and adults.
Every medical provider who was just checking a box is not providing mental health care. They are order takers. The FTC can pursue every last one of them. For deceptive advertising.
[APPLAUSE]
[Erin Friday] Well, while this may be out of the FTC's purview, I do want to raise the college transgender connection. Many colleges have transgender clinics right on campus or are affiliated with them. Providing and endless stream of paying customers. Parents send their kids to college for an education, and their daughters come home with missing breasts and facial hair. And their sons on estrogen. I don't know if I can play this. It should work. OK. I will end with a video that sums up everything that is wrong with gender medicine. This is from a W path seminar in which doctor Dan Metzger admits that talking to a 14 year old about gender interventions causing infertility is like talking to a blank wall.
And the regret that comes later is real.
[>>] I think when we're doing informed consent I know that that's still a big you know that we are just we're doing it we're trying to talk about it but mostly kids are nowhere in any kind of a brain space to really really talk about it in a serious way. That's always bothered me, but, you know, we still want the kids to be happier in the moment. Great? Yep. Medicine
[Erin Friday] should never be about giving a child what he wants in a moment in time. The whole of gender medicine even for adults because we can't forget about the adults, talk to a parent with a 17 year old child who thinks that they are the opposite sex. Their biggest fear is time. Because they can hold the line until that child turns 18, and then it's no holds barred. So the whole of gender medicine it's a complete sham based on false science. Thank you.
[APPLAUSE] Thank you Aaron, that was a very informative presentation.
[>>] Before we begin our next panel, I would like to remind everyone as the chairman mentioned during his speech this morning that the FTC will be opening a public request for information related to this workshop in the coming days, be sure to stay tuned to our website and our social media channels, for more on that and how you can submit comments but go ahead and start preparing them now, we would love for the folks here today especially those that didn't get the opportunity to speak and especially for those who are watching online to have the opportunity to share their stories with the FTC.
Now, first of all I just want to thank you guys I know this was a really long day, it was a bit of a marathon, we are on our final panel, and I would like to welcome to the stage my friend, newly minted but already off to the races FTC commissioner mark meter.
[APPLAUSE]
[Mark R. Meador] Thank you everyone. Why don't we have the next set of panelists come on up at this point. While they are coming up, I just want to say thank you to all of you for being here today. And to all of those in the chairman's office who invested their time in setting up this workshop I know it was a big

undertaking. These are incredibly important conversations to be having both here at the commission and as a nation. We also know it could be a difficult conversation sometimes. And let me be clear, every person deserves dignity and respect and the commission certainly recognizes that.
In my view treating people with respect and dignity means being honest with them including about the effects of medical interventions, about the evidentiary basis, about the anticipated outcomes. And this is especially important when we are talking about decisions involving children. That's what today's workshop is about. It's about honesty. The basis for all of the work that we do here at the commission to protect consumers. And that brings me to the topic of our panel, what the FTC can do as an agency about the unfair and deceptive practices that exist in the field of youth gender medicine.
Because as this workshop draws to a close it has become clear that a great deal of work is needed, so I would especially like to thank the distinguished members of our panel today and I will now go one by one with their introductions. First we have Josh Payne, Josh is a founding partner at Campbell Miller Payne PLLC and national law firm based in Dallas TX representing D transitioners and others harmed through gender transition procedures. Josh has served as lead counsel on behalf of D transitioners in medical malpractice litigation, in Arizona, Massachusetts, new Hampshire, north Carolina, he also serves as lead council in a wrongful death case in Tennessee on behalf of the parents of a young adult son with autism who committed suicide after being placed on cross sex hormones.
Next we have Glenn goldis, Glenna goldis sorry Glenna is a consumer protection lawyer in new York city with experience in government and civil legal aid, she is speaking today in her personal capacity not on behalf of her employer, Glenna has successfully prosecuted deceptive processes and sectors for profit education, debt collection, telecom, and bail bonds. A gay rights advocate she publishes A newsletter about the transgender movement called bad facts. Glenna holds a JD from university school of law and MBA from philosophy in chapel hill. Next we have Brandon showalter, in addition to being a longtime friend of mine, and an avid vocalist, Brandon is a journalist with the Christian post who has reported extensively on the developments of gender ideology around the world and other bioethics issues.
He is the creator and host of Christian post generation indoctrination, documentary podcast series and has been featured in several documentary films on the issue. He holds degrees from Bridgewater college in Virginia and the Catholic university of America. Next we have Paul Dupont with the American principles project, Paul is the policy director for American principles project where he is responsible for helping to build and execute the organization's public policy agenda. He's a 12 year veteran of AP having served in various roles from human medications to operations and research. Paul has been particularly involved in helping support AVP's advocacy on transgender issues from defending N carolinas HB2 in 2016 to promoting efforts to end taxpayer funding of gender transitions today.
He is a graduate of Villanova university where he received a bachelor's degree in political science and humanities. And last but not least we have jay Richards from the heritage foundation, jay is the director of the Duval center and the William E Simon senior research fellow at the heritage foundation he is also a senior fellow at the discovery institute. Paul I'm sorry, jay is the author of 13 books including two new York times best Sellers, his most recent book is fight the good fight how an alliance of faith and reason can win the culture war. Thank you all for being here the day, and why don't we just jump right into it.
So, under the FTC act an act or practice is deceptive when it won misleads or is likely to mislead a consumer. 2, a consumer's interpretation of a representation is reasonable under the circumstances, and three, the misleading representation is material. So, Josh and Glenna can you tell us about some of the

representations that providers have made in regard to so-called gender affirming care both the need for it and its effects? Thank
[Glenna Goldis] you. First I just want to express gratitude to the FTC for holding this event today and for inviting me to be on this panel. We have heard a lot of deceptive representations all day today, the other speakers have been identifying them accurately in my opinion all day. I would like to drill down on some of the foundational false claims in gender medicine, that really show us that the problem goes all the way to the root of this practice. And, this can actually be awkward to focus on because the false claims are not just made by gender doctors, and much of the country that jargon is part of our normal lexicon now for example sex assigned at birth, lots of everyday people are using it because they think it's the nice thing to do.
But coming you know once you realize how harmful gender ideology is I think that people can maybe start trading in those phrases. So I will start with sex assigned at birth. The doctors ably handled this one earlier, sex is not assigned at birth, so that is a false statement. The words assigned at birth imply that sex can change. So for young patients especially in a gender clinic you know they show up because they want to change sex and when doctors tell them sex is just assignment they get the idea that they will be getting a sex change.
And it's important to note under the FTC act that it does matter who the target audience is so even if you are an adult and you think well that phrase is innocuous, I know what sex assigned at birth means I know it's just meant to be nice, well we must look at it in terms of the patient population and how they are hearing it and these are distressed children so it is deceptive towards them. Second, this is a big one, gender identity. Doctors claim that consumers and patients have a gender identity that is incongruent with their body.
But it's impossible for gender identity to be different from a body. Or the same as the body because gender identity the way it is defined by gender doctors has no definition, it has no properties. So this is an important point that I think a lot of people assume that gender identity means wanting to be 1 sex or the other, and gender doctors almost make it look like that's what they mean because they say that gender identity can be male, female, or something else. But it's a trick. Because, remember, gender doctors think that a male is anybody who says that they are a male here so it's a circular definition like gender identity is someone who has a male gender identity kind of thing.
And then, the doctors just double down on their deception when they try to add more verbiage to make it seem like gender identity does have properties and it's not just a circle. So just to give you some examples, jack turbin wrote in the new York times that the most basic part of gender identity is a person's transcendent sense of gender. (laughs)
[Glenna Goldis] new This York times. was And the he did not define the term gender after referring to that sense of it, instead writing that gender quote goes beyond language. (laughs)
[Glenna Goldis] Another gender doctor a pediatrician wrote that gender is a quote multidimensional concept with complex expressions and that it is related indistinct from sex in ways that modern science is still exploring so, she is going to know the definition of gender in the future. Once science has done. And just a side note on that, I'll try not to go on too many tangents about this, but a lot of times gender doctors will kind of use language to imply that they are going to get the answer to a gender question soon, science is almost there, and they say like is there really new area of study, it is not, all of this stuff goes back to the early 1960s and it has been really institutions have been investing in it since then you know

major universities and it's had very little change in the theories you're lying it since the early 1970s when they coined the term gender dysphoria, so whenever they try to use this excuse like oh we're new, they're not new, this is not true, it's very old it's not cutting edge.
And finally I'll just give you one more example Daniel Schumer a pediatric endocrinologist from Michigan he doesn't have a coherent definition of gender either, and when he was deposed recently he admitted that when he explains gender to patients quote I have oversimplified. So he not as complicated as the woman with her complex multidimensional concepts. Key boils it down to some other not true thing. So with all of that being said it seems safe to say that patients don't know what their doctors mean by the term gender. And doctors don't really have any meaning. They seem to be using it as a placeholder to lead the patient to believe that since they have this gender related problem they need a gender related solution which is gender affirming care.
So that's kind of the function that it's serving. I think that whenever you see the term gender pretty much in the gender world the gender medicine world it's deceptive. So then, I will just give you one more kind of foundational false statement that they make. And this is from for example the American psychological association and the American academy of pediatrics. They claim that sexual orientation means attraction to a gender. Sexual orientation there's no scientific basis for saying that, the studies are about sex, sexual attraction to people based on their sex. And recall gender doesn't have a definition so isn't even possible for that claim to be true.
And this is really important because it leads consumers to believe that gender affirming care will allow them to date and form relationships as though they were members of the opposite sex or non binary sex and I'll try not to go off on that. So, this is playing out in the real world in the gay community we see these young women pursuing gay men trying to form relationships with them they think it's viable because they have a male gender identity their doctor told them so. And you know, these institutions are telling them that sexual orientation is based on gender.
So this just leads to a lot of discomfort and sadness and awkwardness for parties on all sides of this equation. And that's putting it mildly. So again, this is a really material deception that is being imposed on these young people.
[APPLAUSE]
[Mark R. Meador] Josh. Thank you. Thank you commissioner. I would
[Josh Payne] like to look at both the problem that is presented by the people making these statements and the solution, and the deception is when viewed in the round but you can look at it from both angles. They state the problem as your child is going to commit suicide if this intervention is not carried through and if you don't agree to this. And then, they come along with the solution that they say is rock solid. So, you have a drowning victim and here's the life raft. And because they deceptive communication is viewed holistically, it is a clearly deceptive message.
The message is you are dying, and here is your life raft. That is the core deceptive message. Another angle of this from an aspect that the FTC is well versed in is implying that something is FDA approved. And again when viewed in the round you're in a doctor's office, somebody there wearing a white coat exercising authority over you presenting a life raft to you you are assuming this has every conceivable seal of approval out there. And there is no inkling in the parents minds or the patient's mind that the FDA hasn't vetted this. And has not approved this.

So to not have a disclaimer that this is absolutely not FDA approved not even really reviewed it's entirely an off label use and it's one of the bits of evidence from earlier to day the whole thing is off label. That's a disclaimer that's vital and it's not being made.
[Mark R. Meador] Switching Thank over you. to unfairness under the FTC act and actor practice is unfair when it won causes or is likely to cause substantial injury to consumers, 2 can't be reasonably avoided by consumers, and three isn't outweighed by countervailing benefits, so I was hoping Brandon Paul and jay could tell us a little bit about the injuries that are allowed to allowed from the push to get young people into aggressive gender related medical interventions. Bam I'll go 1st and I'd like to thank you commissioner matter and the FCC for this event today the injuries are incredibly brutal, I have seen things that have put gray hair in my black hair.
And yeah this is your age pretty fast you don't want to see the kinds of things that I see in my inbox and I hear from parents. About what has happened to their children. And I will say, when we talk about unfairness and deceptive trade practices, because it is based on an irretrievably flawed premise, that is actually possible to be born in the wrong body, any medical treatment towards that end is going to do damage guaranteed full stop because it starts with a lie. That's just it. Can it leads to horrors that I'm about to describe I'll just talk about 3 injuries that I have seen, I haven't seen fully but I have seen part of it and heard part of it when do you transition or man who walked into his appointment the 1st, he was reportedly told by an intern working in the intake office if you think you're trans, you are transparent transferred you know it fully down the trans path and history was also featured in Abigail Schreier's book irreversible damage also reported in history.
Hormones, they wound up getting an orchiectomy the removal of his testicles, and he was never told even during his appointments I never used anatomically correct language during his appointments, it castrated him for $1000 a poor man had severe suicidal ideation in this post operative regret severe urine complications and even when he tried to have sex he ejaculated blood. And to this day the weird email I ever had to send was doctor Leila asking is it really possible to ejaculate blood and yes it is after you've been castrated. Another woman on Instagram who was led on this path had a fellow plasty surgery and ended up having to have over two dozen quote unquote corrective revision surgeries because they so badly mangled her down there that she had to urinate out of her anus into an ileostomy bag and she was posting about this carnage that was done to her body on Instagram.
It's gruesome. Another woman who's got the worst story I've ever heard about and she's featured in the documentary podcast that I produce and host I can say her name her name is Amy adderbury I just have to honor her because it is the worst story I've ever heard. She had to be in the next room over where doctors disfigured her doctor's forearm to make a fake penis Medicaid paper to have a double mastectomy and all of her reproductive organs cut out. But, her doctor's forearm was cut up to make a fake penis and she had to be in the next room over for 13 hours as the doctors did what they did to her and reportedly I have heard that there's some other corrective surgeries going on that we're either planned or may have happened they're currently not speaking as far as I know where they will have to do some sort of revision where they cut the sex organ in half and reroute her urethra.
You want to talk about I mean, I totally try to avoid making any comparisons to the holocaust because I just don't like to that's a uniquely horrible episode in history. But, I will sometimes be emailed by Jewish readers who say we are living in a culture of mangles. This industry needs to be dismantled from the top

to the bottom. Because it all begins with a deception a lie that it's actually possible to be born in the wrong body and there are services that are marketed to that end. Thank you.
[APPLAUSE]
[Jay Richards] were Well coming I at knew the we ends and I knew the arms would be in detail in fact they said you know everything was planning to say just at the part of this. So let's just briefly summarize the manifest and obvious in documented harms of so-called gender affirming care. We won't even talk about social transition puberty blockers cross sex hormones that had been discussed in this room today reduced bone density and bone strength from puberty blockers. So, the state of Georgia didn't include puberty dropper blockers in its bill because the sponsor had been told that it was entirely reversible puberty blockers are just reversible.
We know that's not true. You know it's not. Logically because you can't reverse time, so if a child has his puberty blocked at 13 and his peers go through puberty and he gets off of them four years later, that part at least is not reversible and we know that there are serious physiological effects of this. It likely harms brain health this is a topic of continuing research. I happen to have seen a report that was coming through here very briefly that focuses on the adverse advanced reporting systems not the bayers not the vaccines but the other FDA reporting systems on puberty blockers.
Just look at all of the reports a very profound and underappreciated effects on mental health and cognitive development. From puberty blockers alone. Remember we haven't even gotten to cross sex home runs yet. Their psychological distress, there's obviously infertility at least if these are continued and insofar as they're at the beginning of a treatment pathway that leads to infertility. Stunted growth which at this point it's quite well known. So now let's talk about cross sex hormones. It's fairly well known already heart health risk. We don't have long term data on this by definition because we're in the beginning of the experiment of doing this with kids and giving girls massive amounts of testosterone.
But we can be quite certain it'll have a signal and heart health infertility for obvious reasons seems to be a serious increase in cancer risk which is obvious also discussed today. Mental harm, so many D transitioners especially females we'll talk about an initial euphoria from testosterone the same thing that men to get testosterone supplementation will experience, but there's sort of a honeymoon in a year or two in any D transitioners report it can be quite harmful and distressing mental effects. Then sort of regret and detransition was not supposed to happen, but cross sex hormones has very specific physiological effects from some of the detransition I spoke today for instance commented on the depth of their voice.
Which in the scheme of things may seem superficial but it's a reminder for the permanent effects that these drugs have. And then almost inevitably when we get to the surgeries, it seems obvious and Brandon give us a couple of examples but these are not one and done surgeries. Most of us have had surgery and have had to have a quadricep and reattached to my knee in 2019, I had one surgery and a few months of recovery. Doctors have a lot of physical theories on these things right? That's not one and done right? These usually require maintenance, they very often require follow up, they may in some cases I know there are detransitioning in this room that involve years just trying to heal the wounds from the initial surgery.
That's the reality of this thing. And then the one thing that was not discussed quite as explicitly as I think it should be was that there is an iatrogenic harm to the beginning of this procedure, so just puberty blockers alone even if they were by themselves reversible, we know that if a child is put on a transition pathway and starts taking puberty blockers he or she is much more likely to continue down the pathway to full

transition. So in other words it fast tracks children based upon a really bizarre and almost certainly false diagnosis all the way to the end.
The question whether puberty blockers alone our sterilizing doesn't quite answer the question, even if they weren't if fast tracks kids onto we protocol that leads to serialization then yes they are. These are manifest harms. Now any surgical or medical intervention has risks, so why would anyone be willing to bear this? It's almost certainly because the false calculus that parents are presented with. If you're a parent and I will say I'm someone that works on this issue I have no personal connection, I don't have a child or a family member that has struggled with this, but I do know this as a parent.
The worst scenario that you can possibly imagine for your child is suicide. And so if you think OK, suicide the worst, and then you're told by a trusted physician I have a way out for you though. It sounds terrible in the abstract, but it will prevent the worst outcome. It's only with that emotional blackmail that I think most parents would ever have entertained starting this process in the 1st place and it's precisely why the FCC has relevant jurisdiction on this issue.
[Mark R. Meador] Thank
[APPLAUSE] you.
[Paul Dupont] know So what else to yeah add about I the don't relevant harms that this has what Brandon and jay just talked about, I mean the harms are numerous and obvious, I don't know if I would be preempting you mark by jumping to the second part of the definition of what makes a practice unfair, that it can't be reasonably avoided by consumers. But when Aaron was up here earlier she mentioned doctor Johanna Olson Kennedy and she said that she wouldn't have an issue with transitioning patients who would later regret it because while that was what they were asking for at the time.
And I feel like that's often used as a cultural against D transitioners who either regret it well you should take responsibility for your actions and that kind of goes to this question you know can this be reasonably avoided? And I think we need to look at the fact that the system that has been set up it's really been set up to create a pipeline that's easy to get into and almost impossible to get out of once you're in it. And so a few things to that point I mean obviously we've heard again you know all of the testimony earlier today about the emotional blackmail that's used at the very outset and you know telling parents would you rather have a dead son or a living daughter or vice versa.
And the ways in which at the outset sorry, the -- the ways in which the patients are really just pushed into this. And pressured into it with the fear mongering and whatnot. And the fact that they're not fully informed. So this came from a free press article about planned parenthood so free press about planned parenthood planned parenthood materials with restate action can begin within three to six months of exposure but on the brief patient consent form it's about 3 pages long they're both hymen and Anna signed it referred only to genital dryness. So there's a lack of conformity informed consent.
And patients are in this pipeline, they are encouraged to continue no matter what's happening, and that's again, by design. So, this is from the W path the standards of care age, we recommend healthcare professionals maintain existing gender diverse individual requires admission to a psychiatric or medical inpatient unit unless contraindicated. So that means if they're going through some kind of psychiatric episode the W path standard of care is saying continue to administer hormones anyway. I think we've heard throughout today and that's not by mistake that's by design that's what their standards of care states. So, in the pipeline they're continuing to be pushed down this pipeline if they do have regrets if they do want to decrement transition, insurance will cover the initial cost of transitioning but a lot of times

various sea transition care is not covered by insurance so there's a financial obstacle to getting off the pipeline as well.
So I think when you throw all that together you really can't help but conclude this can't be reasonably avoided by consumers.
[Mark R. Meador] looking Thank ahead if you. there are So in fact violations with the law associated with the youth medicine, a critical question is going to be what are the appropriate sets of remedies or solutions that we should be seeking? Josh Glenna and Paul, what are your views? What does relief realistically look like for American consumers and patients? An important point to make is that commissioner of course you
[Josh Payne] know that the FTC is able to collect civil penalties in certain circumstances, not necessarily turning that money over to individual consumers, but through its consumer protection power but it is controlling conduct incentivizing conduct, disincentivizing bad conduct. And once it determines through its investigations who it believes it should enforce the law against the major players and targets it can bring administrative cases against those individuals and that can take time. But it's useful because at the end of the process an order is created that can be enforced through civil penalties and not just against the respondent and the target, but also against what they call a non respondent, non parties to the preceding who know about the order and must still follow the order and if they do not they subject themselves to the civil penalties.
The FTC I almost said the FDA, but the FTC can engage in rulemaking and again, that's a process that involves time where it perceives the practices that have issued what they call prevalent. And I think what they call a lot of what we've been discussing today representing detransition or clients and medical malpractice cases as my firm does these practices are indeed prevalent. Which would give rise to the FTC's ability to make rules that limit this conduct. And then finally, what I think has historically been an underutilized tool in the FTC's toolkit as it can actually go to the courts and seek injunctive relief.
And that is probably the quickest way to stop the bad conduct. If an investigation is ongoing if an administrative case is in the pipeline or pending, the FTC does all of that part in house but it can separately go to a federal judge and obtain pretty much immediate injunctive relief off of the back of some kind of mini trial or evidentiary hearing able to lay its case out and say this is urgent, and interestingly it's not just an ongoing violation, it's also to prohibit anticipated violations so it's not a defense against the FTC's request for injunctive relief for the hospital system or the drug company to say well we aren't violating it yet.
But, if there's an imminent threat and they are about to violated the FTC is still entitled to seek that injunction from the court to stop the anticipated violation. So those are kind of the key remedies that are out there and I would draw particular attention to the relief, which might not be the FCC's immediate thought, but naturally that's where we want to go because they can do so much in house. But I think it's a very useful tool that we should certainly be considering by the commission.
[Mark R. Meador] Thank
[APPLAUSE] you.
[Glenna Goldis] social One injuries of that the has big come out of this scandal is the decline in medical institutions especially medical societies and medical journals, so you heard about that earlier today and we have these institutions that are basically healthcare lobbying groups like the healthcare medical association the American academy of pediatrics but the fact is americans want to have these institutions

that give them good information that seems to be objective, and everybody wants that in America, but unfortunately we've seen that these organizations have become political and that gender seen, they have batted away dissenting views they've only printed things that supported there's an even printed errors at some points, and of course the associations have published endorsements are kind of de facto endorsements of practices that are not evidence based and they are harmful.
And so, I don't think that the government should go in and force them to be objective, that's not possible, but I think by acting against them and by seeking injunctions as Josh says against their deceptive activity, that will pressure them to change, and also just the act of conducting thorough investigations in the course of pursuing A prosecution and making that public will be really helpful in exposing the medical associations to the public and to themselves so that they see the road back because now they're at the point where they're going to start losing members, people are going, you know, pediatricians are going to be thinking you know what?
This is not representing me well this group they're actually making me look bad and I don't like what they're doing and I'm not going to pay dues anymore. They could lose other revenue streams as well. There have already been reports that the American medical association has lost traction on capitol hill because they're just perceived as being so aligned with the left. And like I said, they are fundamentally A lobbying organization so this is a big problem for them. So they have their own reasons for responding to the action of the FTC takes and reforming themselves.
[Mark R. Meador] Thank you.
[APPLAUSE]
[Paul Dupont] add to And that, I I will think obviously just both Josh and Glenna here have covered a lot of the different avenues that the FTC can pursue, I think there's also a whole government approach here as well, we have the DOJ represented here earlier, and they certainly have a role to play in this, the memo that was released by the attorney general bondi earlier this year laid out a number of different pathways this year and it sounds like they are pursuing enforcing statues against female genital mutilation going after violations of the food and drug cosmetic act, false claims act, I mean we've heard already a bunch of times false billing issues so, there's all sorts of avenues to accountability there I think, and then also with the FDA there is all of these drugs that are being used off label, so, the FDA is certainly within their authority to commission a review of the off label drug use of puberty blockers and also Warning manufacturers have consequences of promoting that off label drug use if they are doing that which again, I think there is definitely an Ave to investigation of that.
So, definitely there's a lot that the FTC can do and I think there's also a lot that other other governing agencies can do as well.
[Mark R. for those Meador] comments. So Thank investigating you these all effects that you all have laid out in view of gender medicine and the representations made about them, certainly going to be a priority for the agency going forward, but in doing so we are going to need the best available information that we can get, so as we explore this topic in accordance with the law, jay and Brandon who should we at the FTC be talking to as we investigate and what are some of the key questions that we don't yet have the answers to?
Just kind of overall what is a comprehensive investigation look like?
[Brandon the things Showalter] that I've appreciated Well about today one is that of names have been named. Aaron said a moment ago that

[APPLAUSE] some
[Brandon Showalter] doctors from California should be at the center of the crime board, start with the people that have been named today. Can just start digging around and you will find a hornets nest. And their associates and their affiliates. I think the other people that is just so important to talk to are the parents. Because, and I've been I've been getting messages all day from the hundreds of parents who are watching this overjoyed and gushing and joyous that a federal agency has put on this day long seminar because they have felt so unseen and hidden.
They've lived in a straight jacket of silence. And so the fact that federal lawyers they're probably dancing in their closets watching this in their wardrobes and some of them you know they live inside a cone of silence even inside their own homes and neighborhoods. They have not had a voice they can tell you first hand how they were deceived and misled and they haven't been heard. Dr Grossman's been an excellent advocate for them but the voices for the families have been shattered into 1000 little bits you want to talk about how they were misled and deceived and ripped apart?
Talked to the parents. 0 in on their predatory doctors that have been named today. That will get just started.
[APPLAUSE]
[Jay Brandon said Richards] essentially did oh. Yeah Everyone what who's attended this and everyone who's been on the stage today start with them, I can tell you if someone's as someone who spent several years working on this on a policy space and others in some way I feel like what other sold years ago this was a very tough issue initially and it felt like there was absolutely no way to win. It's not really abstract to say there's males and females and that's what we're dealing with but nevertheless it was really hard to get people to believe this is what was happening here it was hard to get republican members of congress and staffers to think OK, yeah.
Maybe it happens in California but it's not widespread. I mean this was the idea, I recall estate hearing in Nebraska with Luca hein AD transitioner who had had a double mastectomy, and someone else was testifying and insisting that it never happened in her state that that didn't happen there. And there was a victim right there and that level of denial and the reality of it as awful as it was initially when D transitioners started deciding OK we were going to talk about this, that changed the game entirely because you could have 12 people making interesting scientific and philosophical arguments and 1D transitioner just sort of lays them to waste.
So to have parents and children who are the primary victims of this ideology as it manifests itself in medicine, they've got to be in the front in terms of just showing how fundamental and real says and why it matters. But then also, the experts themselves the particular specialists including any medical scientists here mixed with competent generalists and translators it's sort of hard to describe this, but sometimes the medical specialist for all their specialization can also be subject to confirmation bias and sort of a narrowing of vision, but the generalist is often not likely to have a grasp of the details so a combination of people who've studied this as generalists who have translated it in what it matters in the specialist they're absolutely crucial.
And then just to reiterate what Brandon said, you should talk to the members of the committees of the medical associations that came up with their respective guidelines at the American academy of pediatrics, the endocrine society, at the American psychiatric association, asked them not just in general but

specifically how they came up with those guidelines and what the scientific procedures were that they followed in order to do that, and find out what they have to say.
[Brandon quick Showalter] thing just to add to Hang that I think the biggest on stronghold to phrase one it that way the medical societies in the courts those are the biggest things that keeps things anchored in insanity here in America because if you have ideologically captured court systems have CFTC takes action and tries to adjudicate these things, they are deferring to these medical organizations and it was what was so genius about what the state of Obama did was that they went after W paths guidelines and they decided rightly that that was the source of the problem because once they blew that apart they were able to show the judges that all of this was just hogwash.
So yeah put the screws to those who are writing these junk guidelines because they're just based in lies and that I think will open the floodgates.
[Mark R. Thank you both. Meador] Thank you.
[Mark R. something you just said reminds me Meador] of something that And Brandon I said say that [APPLAUSE] bad ideas can only bear the weight of reality for so long and it seems like that's what we are coming up to here, so I appreciate all of your comments today for the whole panel. It's been incredibly insightful, and I think it gives us a lot to take into consideration as we move forward as a commission. I'm sure we could discuss it all day long, but unfortunately that does just about conclude the time that we have for the panel today so I would like to take this opportunity to again thank our distinguished guests for their time.
And their thoughtful reflections.
[APPLAUSE]
[Mark R. Meador] To thy things up for the day we've had a great workshop we've heard from individuals greatly impacted by juti under youth gender medication gone wrong who suffered the harms of these medical interventions. We've heard from critics of the politicalization of scientific debate in this area, who explained the various pressures that keep researchers from speaking openly about their findings and how all of this ultimately results in medical decisions that are made without the best available data. Parents and young people deserve better. We heard from scientific experts and ethicists who spoke to the state of research in this area, experts willing to work look at the data rather than merely repeat the slogans of activist organizations.
And what they had to say was deeply concerning. Or it should be to anyone concerned with the well being of American children. We heard from whistleblowers who risked everything to reveal the truth about what's been done in the name of so-called gender affirming care all too often we learned medical have not followed the science corner has been cut ethical lines have been crossed, and young people have suffered the most. And on this most recent panel we heard from experts who helped us to chart a course forward as we continue to engage in this issue of the commission so important because for too long those in power have only given a voice to one side in this debate and sadly, it was the side that is perpetrating the very fraud that needs to be uncovered and stopped.
That changed today as those of us with the power to change things finally gave a voice to the powerless. So I am very grateful for our power panel thoughts and contributions of everyone who joined us today we will need them in the months and years ahead. No child should suffer from dangerous unproven and unwarranted medical interventions especially if those interventions are unfair and deceptive. This workshop may be drawing to a close but the commission's work has only just begun. To that end I would

like to thank the chairman and my colleague commissioner? For their leadership and engagement on the issue of youth gender medicine and the consumer protection issues related to it.
Together we look forward to fighting even harder for the best available science and for the rights of children and families. I would like to thank all of the distinguished and courageous guests we've heard from throughout the day, let's please give them another round of applause.
[>>] And then last but
[APPLAUSE] not least, I do want to give a special thanks to John schwebby and the chairman's office for all of the great work that he put into making sure that this workshop was a success.
[>>] Thank you all and godspeed.
[APPLAUSE]